

## **AGENDA**

### **COMMITTEE ON COMMUNITY IMPROVEMENT**

**October 03, 2016**  
**Aldermen Shea, Shaw,**  
**Gamache, Hirschmann, Sapienza**

**4:45 p.m.**  
**Aldermanic Chambers**  
**City Hall (3<sup>rd</sup> Floor)**

1. Chairman Shea calls the meeting to order.
2. The Clerk calls the roll.
3. Summary of abatement requests submitted by Fred McNeill, Chief Engineer.  
**Ladies and Gentlemen, what is your pleasure?**
4. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$11,400 for CIP 211317 STD & HIV Testing and Referral Program.  
**Ladies and Gentlemen, what is your pleasure?**
5. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$3,000 for CIP 212017 Robert Wood Johnson Foundation Culture of Health.  
**Ladies and Gentlemen, what is your pleasure?**
6. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$25,000 for CIP 212317 Asthma Home Visiting Program.  
**Ladies and Gentlemen, what is your pleasure?**

7. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$25,000 for CIP 212417 2016 Robert Wood Johnson Foundation Culture of Health Prize.

**Ladies and Gentlemen, what is your pleasure?**

8. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$51,165 for CIP 411417 Radiological Emergency Response.

**Ladies and Gentlemen, what is your pleasure?**

9. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$10,000 for CIP 411517 Safe Station-Overnight Coverage.

**Ladies and Gentlemen, what is your pleasure?**

10. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$450,000 for CIP 411717 Manchester Family Justice Center.

**Ladies and Gentlemen, what is your pleasure?**

11. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$395,059 for CIP 411817 Opioid Abuse Reduction Initiative.

**Ladies and Gentlemen, what is your pleasure?**

12. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$42,015 for CIP 210716 Homeless Health Care.

**Ladies and Gentlemen, what is your pleasure?**

13. Request for extension of CIP 411416 Homeland Security Hazmat Program from June 30, 2016 to August 31, 2018.

**Ladies and Gentlemen, what is your pleasure?**

14. Communication from Leon LaFreniere, Planning & Community Development Director, regarding a request from Families in Transition for \$531,252 in HOME and Affordable Housing Trust funds for the development of eight (8) units of transitional recovery congregate housing for single women at 267 Wilson Street.  
**Ladies and Gentlemen, what is your pleasure?**
15. Communication from Tim Clougherty, Deputy Public Works Director, to use the balance of \$7,385 from CIP 711116 Central Fire Station Overhead Doors to address various repairs at the Central Fire Station.  
**Ladies and Gentlemen, what is your pleasure?**
16. If there is no further business, a motion is in order to adjourn.

**Kevin A. Sheppard, P.E.**  
Public Works Director

**Timothy J. Clougherty**  
Deputy Public Works Director

**Frederick J. McNeill, P.E.**  
Chief Engineer



**Commission**  
Hal Sullivan  
Rick Rothwell  
Bill Skouteris  
Toni Pappas  
Patrick Robinson

**CITY OF MANCHESTER**  
*Department of Public Works*  
*Environmental Protection Division*

# Memo

**Date:** 9/19/16 16-119  
**To:** CIP Committee  
**Cc:** Lisa Hynes – EPD  
June George – EPD  
Matthew Normand – City Clerks Office  
**From:** Frederick McNeill *FJM*  
**RE:** EPD Abatement Requests

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The attached table summarizes the 9 abatements reviewed by the Highway Commission at their monthly meeting on September 12, 2016.

Backup documentation for these sewer abatement requests is on file with the City Clerk's office. The electronic version of this request will be forwarded to you as well as the City Clerk's office.

Please let me know if you need any additional information.

**City of Manchester**  
**Environmental Protection Division**  
**Summary of Abatement Requests**  
**September 8, 2016 to Highway Commission**  
**September 19, 2016 to CIP/City Clerk**

Number	Customer Acct #	Customer	Property Address	Abatement Request Rec'd	Request Reason	EPD Recommendation	Highway Commission Recommendation
1	w 141305-12032	Condon	Chestnut St, 972	05/02/16	toilet leak	Grant 187.38	Abate
2	w 55771-39172	Searles	Barrett St. 347	06/06/16	leaking exterior faucet	Grant 121.45	Abate
3	w 126977-67496	Smallman	Putnam St. 355-357	06/20/16	toilet leak	Grant 277.60	Abate
4	w 151655-11166	H & M Holding LLC	Cartier St. 322	06/23/16	frozen pipe	Grant 416.40	Abate
5	w 10795-6980	Carew/Lamontagne	Omega St. 112	06/27/16	toilet leak	Grant 65.93	Abate
6	w 74119-56920	Rosenthal	Eastwind Dr. 141	06/29/16	toilet leak	Grant 291.48	Abate
7	w 104397-68238	Bennett	Mammoth Rd, 489	07/12/16	toilet leak	Deny	Deny
8	w 156845-25082	Cicciu	E. High St. 315	07/18/16	toilet leak	Grant 451.10	Abate
9	w 1527-1052	Guay	Union St. 605	07/22/16	shower and toilet leak	Deny	Deny
Total Abatements						\$ 1,811.34	

**CITY OF MANCHESTER**  
**HIGHWAY DEPARTMENT**  
**ENVIRONMENTAL PROTECTION DIVISION**  
**Sewer Abatement Investigation and Recommendation**

Date Received: 5/2/2016

Customer Name: Condon, John

Account #: 141305-12032  
Combined Billing

Property Address: 972 Chestnut St

Reason for  
Request: toilet leak

Service Dates: 2/16/16-5/16/16

Bill Date: 3/16/16-

Consumption: 85 ccf

% Increase  
from Average: 274%

Average  
Consumption: 31 ccf

Based on: 5 yr average

Difference: 54 ccf

Other Comments: \_\_\_\_\_

EPD  
Recommendation: Abatement exceeds 250% threshold

\_\_\_\_\_  
\_\_\_\_\_  
*Approved FJ McNeill*

Abatement Total: 54 ccf at \$ 3.47 \$ 187.38

Highway  
Recommendation: \_\_\_\_\_

Date: \_\_\_\_\_

Kevin A. Sheppard, P.E.  
Public Works Director

Timothy J. Clougherty  
Deputy Public Works Director

Frederick J. McNeill, P.E.  
Chief Engineer



**CITY OF MANCHESTER**  
**Sewer Fee Abatement Request Form**

Name: John Ryan Condon  
Address: 972 Chestnut st  
Manchester (Street) NH 03104 (Unit)  
(City) (State) (Zip)  
Phone Number: \_\_\_\_\_

Customer Account Number: 141305-12032

Address of Property for which Abatement is Requested:  
972 Chestnut st  
Manchester (Street) NH 03104 (Unit)  
(City) (State) (Zip)

Billing Period: 11-17-15 - 2-16-16

Amount of Abatement Request: 114.51

Reason for Abatement Request: leaking flapper valve on toilet

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

\_\_\_\_ Yes X No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]  
(Signature)

5/11/16  
(Date)

✓

**CITY OF MANCHESTER**  
**HIGHWAY DEPARTMENT**  
**ENVIRONMENTAL PROTECTION DIVISION**  
**Sewer Abatement Investigation and Recommendation**

Date Received: 6/6/2016

Customer Name: Searles, Sandra

Account #: 55771-39172  
Combined Billing

Property Address: 347 Barrett St

Reason for  
Request: leaking exterior faucet

Service Dates: 2/19/16-5/19/16

Bill Date: 6/22/2016

Consumption: 42 ccf      % Increase  
from Average: 600%

Average  
Consumption: 7 ccf      Based on: 5 yr average

Difference: 35 ccf

Other Comments: \_\_\_\_\_

EPD  
Recommendation: Abatement exceeds 250% threshold

\_\_\_\_\_  
\_\_\_\_\_  
*Approved JF McNeill*

Abatement Total: 35 ccf      at \$ 3.47      \$ 121.45

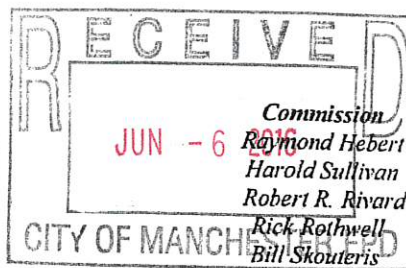
Highway  
Recommendation: \_\_\_\_\_

Date: \_\_\_\_\_

Kevin A. Sheppard, P.E.  
Public Works Director

Timothy J. Clougherty  
Deputy Public Works Director

Frederick J. McNeill, P.E.  
Chief Engineer



## CITY OF MANCHESTER

### Sewer Fee Abatement Request Form

Name: Sandra J. Searles

Address: 347 Barrett St  
Manchester (Street) NH (Unit) 03102 (Zip)

Phone Number: 603 625 5175 (City) (State) (Zip)

Customer Account Number: 55771-39172

Address of Property for which Abatement is Requested:  
(same) (Street) (Unit)  
(City) (State) (Zip)

Billing Period: 2/19/16 - 5/19/16

Amount of Abatement Request: \$131.86

Reason for Abatement Request: Leaking exterior faucet

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

Water leaked onto exterior lawn

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

N/A

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Sandra J. Searles  
(Signature)

6/1/16  
(Date)

**CITY OF MANCHESTER**  
**HIGHWAY DEPARTMENT**  
**ENVIRONMENTAL PROTECTION DIVISION**  
**Sewer Abatement Investigation and Recommendation**

Date Received: 6/20/2016

Customer Name: Smallman, Brian

Account #: 126977-67496  
Combined Billing

Property Address: 355-357 Putnam St

Reason for  
Request: toilet leak

Service Dates: 1/21/16-4/20/16

Bill Date: 5/25/2016

Consumption: 118 ccf      % Increase  
from Average: 311%

Average  
Consumption: 38 ccf      Based on: 5 yr average

Difference: 80 ccf

Other Comments: \_\_\_\_\_

EPD  
Recommendation: Abatement exceeds 250% threshold

*Approved Jf m...*

Abatement Total: 80 ccf      at \$ 3.47      \$ 277.60

Highway  
Recommendation: \_\_\_\_\_

Date: \_\_\_\_\_

Kevin A. Sheppard, P.E.  
Public Works Director

Timothy J. Clougherty  
Deputy Public Works Director

Frederick J. McNeill, P.E.  
Chief Engineer



Commission  
Raymond Hebert  
Harold Sullivan  
Robert R. Rivard  
Rick Rothwell  
Bill Skouteris

**CITY OF MANCHESTER**  
**Sewer Fee Abatement Request Form**

Name: Brian G. Smallman  
Address: 6 Holly Lane  
Beverly (Street) MA 01915 (Unit)  
(City) (State) (Zip)  
Phone Number: (617) 921-0274  
Customer Account Number: 126977-67496

Address of Property for which Abatement is Requested:  
355-357 Putnam Street  
Manchester (Street) NH (Unit) 03102  
(City) (State) (Zip)

Billing Period: January 21, 2016 to April 20, 2016

Amount of Abatement Request: \$322.70

Reason for Abatement Request: Toilet leak

Letter to Property tenant  
landlord agent

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

B. G. Smallman  
(Signature)

6/20/16  
(Date)



195 South Beech Street  
 MANCHESTER, NH 03103  
 Phone (603) 623-9849

# Invoice

Date	Invoice #
5/17/2016	49237

<b>Bill To</b>
PELOQUIN REALTY 161 N. RIVER RD. MANCHESTER, NH 03104

		Terms	Technician
		Due on receipt	DAVE
Quantity	Description	Rate	Amount
	JOB SITE: 355 PUTNAM ST. APTS 1 & 2 MANCHESTER, NH		
	DATE OF SERVICE: 5/6/2016		
	APT 1: REPLACED KITCHEN SINK DRAIN AND REPAIRED RUNNING TOILET		
	APT 2: LEAK SEARCH - SEALED OVER FLOW PLATE AND SPOUT		
2	1 1/2 MISSION CLAMP	13.42	26.84
1	1 1/2 FERNCO	10.38	10.38
1	1 1/2 PVC 90	2.45	2.45
4	FEET 1 1/2 PVC PIPE	0.98	3.92
1	FILL VALVE	25.60	25.60
1	TANK FLAPPER	13.87	13.87
1	TANK LEVER	13.58	13.58
2	SERVICE HOURS	100.00	200.00
THANK YOU FOR YOUR BUSINESS! WE ACCEPT M/C or VISA, CASH OR CHECK. ADD 3% IF PAYING BY CREDIT CARD.		<b>Total</b>	\$296.64
A charge of 2% per month will be assessed on any unpaid balance with a \$10 minimum. Customer will be responsible for all expenses including attorney fees.		<b>Balance Due</b>	\$296.64 ✓

**Vendor Ledger**  
**355PUTNA - 355 PUTNAM STREET**

Page 1  
7/5/2016  
10:54 AM

Ctrl#	Invoice Number	Invoice Date	Property	Expense Account	Payable Account	Amount	Unpaid Amount	Check Number	Check Date	Description
<b>BSMALL BRIAN SMALLMAN</b>										
137669		05/26/16	355PUTN	3400	2200	1,087.36		1021726	05/26/16	MAY NET INCOME
						1,087.36	0.00			
<b>DISTRICT MANCHESTER DISTRIC COURT</b>										
137282		05/17/16	355PUTN	6453	2200	125.00		1021642	05/17/16	#2 COURT ENTRY FEE
						125.00	0.00			
<b>LACHANC LACHANCE PLUMBING &amp; HEAT</b>										
137488	49237	05/23/16	355PUTN	6245	2200	296.64		1021672	05/24/16	#1 RPL KIT DRAIN & REP TOIL
						296.64	0.00			
<b>MAINT PELOQUIN PROPERTY MGMT</b>										
137393	335596	05/19/16	355PUTN	6200	2200	110.00		492188	05/24/16	CK ALL UNITS FOR WTR LKS -
137528	338379	05/24/16	355PUTN	6200	2200	76.00		492188	05/24/16	REP BRKN FR STEP - NEED T
						186.00	0.00			
<b>MGMT PELOQUIN PROPERTY MGMT</b>										
137576		05/25/16	355PUTN	6300	2200	225.00		492189	05/25/16	MGMT FEE
			355PUTN	6300	2200	-225.00		492189	05/25/16	
			355PUTN	6300	2200	225.00		492189	05/26/16	
						225.00	0.00			
						1,920.00	0.00			

**CITY OF MANCHESTER**  
**HIGHWAY DEPARTMENT**  
**ENVIRONMENTAL PROTECTION DIVISION**  
**Sewer Abatement Investigation and Recommendation**

Date Received: 6/23/2016

Customer Name: H & M Holding LLC

Account #: 151655-11166  
Combined Billing

Property Address: 322 Cartier St

Reason for  
Request: Frozen pipe

Service Dates: 1/20/16-4/19/16

Bill Date: 5/25/2016

Consumption: 151 ccf

% Increase  
from Average: 487%

Average  
Consumption: 31 ccf

Based on: 5 yr average

Difference: 120 ccf

Other Comments: \_\_\_\_\_

EPD  
Recommendation: Abatement exceeds 250% threshold

Approved JF McNeill

Abatement Total: 120 ccf at \$ 3.47 \$ 416.40

Highway  
Recommendation: \_\_\_\_\_

Date: \_\_\_\_\_

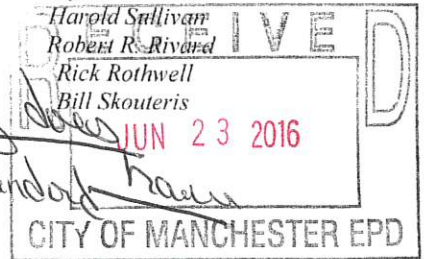
Kevin A. Sheppard, P.E.  
Public Works Director

Timothy J. Clougherty  
Deputy Public Works Director

Frederick J. McNeill, P.E.  
Chief Engineer



Commission  
Raymond Hebert  
Harold Sullivan  
Robert R. Rivard  
Rick Rothwell  
Bill Skouteris



**CITY OF MANCHESTER**  
Sewer Fee Abatement Request Form

Name: H/M Holdings LLC

Address: PO Box 174  
Chester NH 03036 (Unit)

Phone Number: 603-300-7018 (City) (State) (Zip)

Customer Account Number: 151655-11166

Address of Property for which Abatement is Requested:  
322 Cartier St. Manchester NH 03102  
(Street) (Unit)  
(City) (State) (Zip)

Billing Period: 1-20-16-4-19-16

Amount of Abatement Request: 426.81

Reason for Abatement Request: Frozen burst pipe in the basement  
discharged on the dirt floor

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

Burst Pipe in dirt Basement

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]  
(Signature)

6/21/16  
(Date)

**CITY OF MANCHESTER**  
**HIGHWAY DEPARTMENT**  
**ENVIRONMENTAL PROTECTION DIVISION**  
**Sewer Abatement Investigation and Recommendation**

Date Received: 6/27/2016

Customer Name: Carew/ Lamontagne

Account #: 10795-6980  
Combined Billing

Property Address: 112 Omega St

Reason for  
Request: toilet leak

Service Dates: 1/21/16-5/20/16

Bill Date: 5/21/2016

Consumption: 22 ccf      % Increase  
from Average: 733%

Average  
Consumption: 3 ccf      Based on: 5 yr average

Difference: 19 ccf

Other Comments: \_\_\_\_\_

EPD  
Recommendation: Abatement exceeds 250% threshold

*Approved JF M... 6/27/16*

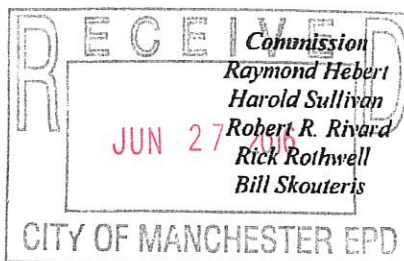
Abatement Total: 19 ccf      at \$ 3.47      \$ 65.93

Highway  
Recommendation: \_\_\_\_\_      Date: \_\_\_\_\_

Kevin A. Sheppard, P.E.  
Public Works Director

Timothy J. Clougherty  
Deputy Public Works Director

Frederick J. McNeill, P.E.  
Chief Engineer



## CITY OF MANCHESTER

### Sewer Fee Abatement Request Form

Name: Paul F. Carew c/o Anne Lamontagne

Address: 81 Highcrest Rd.

Manchester (City) NH (State) 03104 (Unit)  
(Zip)

Phone Number: (603) 289-7812

Customer Account Number: 170315-42190

Address of Property for which Abatement is Requested:

112 Omega St. (Street)  
Manchester (City) NH (State) 03102 (Unit)  
(Zip)

Billing Period: January 21, 2016 to April 20, 2016

Amount of Abatement Request: \$98.12

Reason for Abatement Request:

My father (Paul Carew) passed away on Jan. 1, 2016, and his house had been vacant for a period of time due to his illness. An undetected leak in the toilet caused a considerable increase over the normal bill.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Anne F. Lamontagne  
(Signature)

6/1/16  
(Date)



PAUL F CAREW  
C/O ANN LAMONTAGNE  
81 HIGHCREST RD  
MANCHESTER, NH 03104

ACCOUNT # 170315-42190

APRIL 28, 2016

DEAR CUSTOMER:

WATER AND SEWER AMOUNTING TO \$98.12 (20 CCFT PASSED THROUGH THE  
METER AT 112 OMEGA STREET FROM JANUARY 21, 2016 TO APRIL 20, 2016.

THIS IS A CONSIDERABLE INCREASE OVER THE NORMAL BILL AND MAY BE DUE  
TO LEAKS IN THE PIPES OR FIXTURES.

A CHECK OF YOUR FIXTURES AT ONCE FOR LEAKS MAY RESULT IN REDUCING  
YOUR FUTURE WATER BILLS.

THANK YOU.

MANCHESTER WATER WORKS  
BILLING DEPARTMENT  
TEL. 792-2817 EXTENSION 2817



*toilet leak (don't flush)*

**CITY OF MANCHESTER**  
**HIGHWAY DEPARTMENT**  
**ENVIRONMENTAL PROTECTION DIVISION**  
**Sewer Abatement Investigation and Recommendation**

Date Received: 6/29/2016

Customer Name: Rosenthal, Karen

Account #: 74119-56920

Combined Billing

Property Address: 141 Eastwind Dr

Reason for  
Request: toilet leak

Service Dates: 11/12/15-2/10/16-5/10/16

Bill Date: 3/9/19-6/15/16

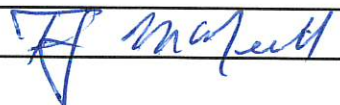
Consumption: 116 ccf      % Increase  
from Average: 363%

Average  
Consumption: 32 ccf      Based on: 5 yr average

Difference: 84 ccf

Other Comments: \_\_\_\_\_

EPD  
Recommendation: Abatement exceeds 250% threshold

*Approved* 

Abatement Total: 84 ccf      at \$ 3.47      \$ 291.48

Highway  
Recommendation: \_\_\_\_\_

Date: \_\_\_\_\_

Kevin A. Sheppard, P.E.  
Public Works Director

Timothy J. Clougherty  
Deputy Public Works Director

Frederick J. McNeill, P.E.  
Chief Engineer



Commission  
Raymond Hebert  
Harold Sullivan  
Robert R. Rivard  
Rick Rothwell  
Bill Skouteris

JUN 29 2016

CITY OF MANCHESTER EPD

## CITY OF MANCHESTER

### Sewer Fee Abatement Request Form

Name: ROBERT ROSENTHAL

Address: 141 EASTWIND DR

MANCHESTER (Street) NH (City) 03104 (Unit)

Phone Number: 603-493-7261 (State) (Zip)

Customer Account Number: 24119-56920

Address of Property for which Abatement is Requested:

141 EASTWIND DR

MANCHESTER (Street) NH (City) 03104 (Unit)

(City) (State) (Zip)

Billing Period: 11-12-15 THRU 0-18-16

Amount of Abatement Request: \$135.33

Reason for Abatement Request: TOILET LEAK TOOK 2 PLUMBERS  
TO DIAGNOSE & FIX A TOILET THAT WAS OCCASIONALLY  
"RUNNING ON"

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Robert E. Smith  
(Signature)

6-25-16

(Date)

✓

**CITY OF MANCHESTER**  
**HIGHWAY DEPARTMENT**  
**ENVIRONMENTAL PROTECTION DIVISION**  
**Sewer Abatement Investigation and Recommendation**

Date Received: 7/12/2016

Customer Name: Bennett, Colette

Account #: 104397-68238  
Combined Billing

Property Address: 489 Mammoth Rd

Reason for Request: toilet leak

Service Dates: 2/5/16-5/5/16

Bill Date: 6/15/2016

Consumption: 75 ccf

% Increase from Average: 153%

Average Consumption: 49 ccf

Based on: 5 yr average

Difference: 26 ccf

Other Comments: \_\_\_\_\_

EPD  
Recommendation: Abatement does not exceed 250% threshold

\_\_\_\_\_  
\_\_\_\_\_  
*Deng Hf mnd*  
\_\_\_\_\_

Abatement Total: ccf at \$ 3.47 \$ -

Highway  
Recommendation: \_\_\_\_\_

Date: \_\_\_\_\_

Kevin A. Sheppard, P.E.  
Public Works Director

Timothy J. Clougherty  
Deputy Public Works Director

Frederick J. McNeill, P.E.  
Chief Engineer



*Handwritten signature*



## CITY OF MANCHESTER

### Sewer Fee Abatement Request Form

Name: Colette L. Bennett

Address: 489 Mammoth Rd.  
(Street)

Manchester (City) NH (State)

Phone Number: 603-860-5740

(Unit) 03104  
(Zip)

Customer Account Number: 104397-68238

\* Address of Property for which Abatement is Requested:

489 Mammoth Rd.  
(Street)

Manchester (City) NH (State)

(Unit) 03104  
(Zip)

Billing Period: 2-5-16 - 5-5-16

Amount of Abatement Request: 163.09

Reason for Abatement Request: Toilet leak

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

Yes X No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in-compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Colette Bennett  
(Signature)

7-6-16  
(Date)

**CITY OF MANCHESTER**  
**HIGHWAY DEPARTMENT**  
**ENVIRONMENTAL PROTECTION DIVISION**  
**Sewer Abatement Investigation and Recommendation**

Date Received: 7/18/2016

Customer Name: Cicciu, Carolyn

Account #: 156845-25082  
Combined Billing

Property Address: 315 E. High St

Reason for  
Request: toilet leak

Service Dates: 3/3/16-6/2/16

Bill Date: 7/16/2015

Consumption: 173 ccf

% Increase  
from Average: 402%

Average  
Consumption: 43 ccf

Based on: 5 yr average

Difference: 130 ccf

Other Comments: \_\_\_\_\_

EPD  
Recommendation: Abatement exceeds 250% threshold

*Approved JF McNeill*

Abatement Total: 130 ccf at \$ 3.47 \$ 451.10

Highway  
Recommendation: \_\_\_\_\_

Date: \_\_\_\_\_

Kevin A. Sheppard, P.E.  
Public Works Director

Timothy J. Clougherty  
Deputy Public Works Director

Frederick J. McNeill, P.E.  
Chief Engineer



DECEIVE

JUL 18 2016

Commission  
Raymond Hebert  
Harold Sullivan  
Robert R. Rivard  
Rick Rothwell  
Bill Skouteris

Has tenant  
landlord info

## CITY OF MANCHESTER

### Sewer Fee Abatement Request Form

Name: Carolyn Cicciu

Address: Carolyn Cicciu  
Apt 7  
4 Snowberry Ln  
Goffstown, NH 03045

(City) (603) (State) Residence (Zip)

Phone Number: (603) 518-8165

Customer Account Number: 156845-25082

Address of Property for which Abatement is Requested:  
315 East High St.  
(Street) (Unit)  
Manchester NH 03104  
(City) (State) (Zip)

Billing Period: 3-3-16 to 6-2-16

Amount of Abatement Request: \$ 541.32

Reason for Abatement Request: tenant did not disclose that  
a toilet had been running. I learned about it  
when Patty from the Water Works told me there  
was a problem in mid cycle.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Carolyn Cicciu  
(Signature)

7/12/2016  
(Date)

300 Winston Street • Manchester, New Hampshire 03103 • (603) 624-6595 • FAX: (603) 628-6234  
E-mail: [EPD@manchesternh.gov](mailto:EPD@manchesternh.gov) • Website: [www.manchesternh.gov](http://www.manchesternh.gov)

The plumber who fixed the toilet has not given me a bill  
He had just collected money from previous work (3 water heaters) 3.21

**CITY OF MANCHESTER**  
**HIGHWAY DEPARTMENT**  
**ENVIRONMENTAL PROTECTION DIVISION**  
**Sewer Abatement Investigation and Recommendation**

Date Received: 7/22/2016

Customer Name: Guay, Jacqueline

Account #: 1527-1052  
Combined Billing

Property Address: 605 Union St

Reason for Request: shower and toilet leak

Service Dates: 2/12/16 - 5/12/16

Bill Date: 6/22/2016

Consumption: 216 ccf

% Increase from Average: 198%

Average Consumption: 109 ccf

Based on: 5 yr average

Difference: 107 ccf

Other Comments: \_\_\_\_\_

EPD Recommendation: Abatement does not exceed 250% threshold

\_\_\_\_\_  
\_\_\_\_\_  
*Dery H M... (signature)*

Abatement Total: ccf at \$ 3.47 \$ -

Highway Recommendation: \_\_\_\_\_

Date: \_\_\_\_\_

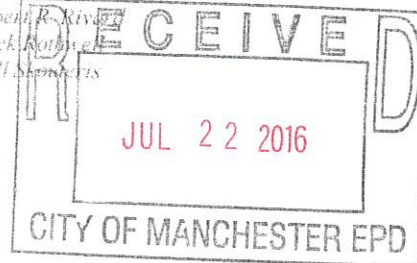
Kevin A. Sheppard, P.E.  
Public Works Director

Timothy J. Clougherty  
Deputy Public Works Director

Frederick J. McNeill, P.E.  
Chief Engineer



Commission  
Raymond Hebert  
Harold Sullivan  
Robert R. Rivett  
Rick Morrill  
Bill Stammers



**CITY OF MANCHESTER**  
Sewer Fee Abatement Request Form

Name: Jacqueline P. Guay  
Address: 605 Union St.  
(City) Manchester (State) NH (Unit) 03104  
Phone Number: (603) 623-5936  
Customer Account Number: 1527-1052

Address of Property for which Abatement is Requested:  
605 Union St.  
(City) Manchester (State) NH (Unit) 03104  
(Zip)

Billing Period: 2-12-16 to 5-12-16  
Amount of Abatement Request: \$267.19  
Reason for Abatement Request: Bad Shower leak + toilet

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

Bathroom - Work completed by  
plumber R.A. Lemire - see invoice  
attached.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

Yes ☐ No ☒

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Jacqueline P. Guay  
(Signature)

7/19/16  
(Date)



**WATER AND SEWER BILL  
CITY OF MANCHESTER, NH**

Return this portion with your payment

WRITE

AMOUNT PAID

TOTAL

**1,117.62**

AMOUNT DUE

Make Checks  
Payable To:

**MANCHESTER WATER WORKS**

Payment  
Mailing  
Address

P.O. BOX 9677  
MANCHESTER, NH 03108-9677

ACCOUNT NUMBER: 1527-1052

Service Address: 605 UNION ST

Cycle-Route: 02-01

Bill Date: 6/22/16

\*AFTER 7/22/16, PAY 1,173.50

JACQUELINE P GUAY  
605 UNION ST  
MANCHESTER NH 03104-6101

000001527000001052000001117625

**WATER AND SEWER BILL  
CITY OF MANCHESTER, NH**

Please keep this portion for your records

Customer Name: JACQUELINE P GUAY  
Service Address: 605 UNION ST

Account Number	Cycle-Route	Bill Date	Due Date
1527-1052	02-01	6/22/16	7/22/16

Previous Balance: 418.69  
Payments: 418.69cr  
Adjustments: .00  
Current Charges: 1,117.62

**TOTAL DUE: 1,117.62**

Service	Period	Days	Meter	Number	Mult	Units	Current	Previous	Usage
WA	2/12/16	5/12/16	90	21521113W	1.000	CCF	6506	6290	216

Service	Consumption	Charge	Total
SS SEWER SVC CHG	2/12/16 5/12/16	26.96	26.96
SU SEWER USAGE	216.00	749.52	749.52
WM WATER SERVICE 3/4"	2/12/16 5/12/16	30.96	30.96
WA WATER USAGE	216.00	310.18	310.18

Total Current Charges	1,117.62
Past Due	.00
Total Amount Due	1,117.62

Pay 1,173.50 After 7/22/16

**INFORMATION FOR CUSTOMERS**

Business Office for Water and Sewer Bills:

MANCHESTER WATER WORKS

281 LINCOLN ST

MANCHESTER, NH 03103

Phone: (603) 624-6494

Office hours: 8:00am-4:30pm, Mon-Fri

Web Site: [www.ManchesterNH.Gov/Water](http://www.ManchesterNH.Gov/Water)

This bill includes water and sewer charges for the period shown.

Our free Direct Payment service is a convenient and secure way to pay your water and sewer bill. With this service, your bill will automatically be paid from your bank account on the due date. For details or to obtain an application, please visit our web site or contact our business office.

Visit [www.ManchesterNH.Gov/PayNow](http://www.ManchesterNH.Gov/PayNow) to access your billing account and make payments online by credit card or electronic check.

Beginning April 1, 2016 you will be able to view the Manchester Water Works Annual Water Quality Report online at [www.ManchesterNH.Gov/CCR](http://www.ManchesterNH.Gov/CCR). This report contains important information about the source and quality of your drinking water in 2016. To request a printed copy by mail, please call (603) 792-2803 during normal business hours.

Please see the back of this page for additional important billing information.

# R.A. Lemire Heating & A.C., LLC

ronlemire76@hotmail.com

Phone: (603) 483-0975 / Cell: (603) 361-0543

76 Brown Road / Candia, NH 03034

ORDER NO.		PHONE		DATE 6/20/16	
NAME Sackiet Paul GVAL					
ADDRESS 605 Union St.					
MANCHESTER NH 03104					
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE RETD PAID OUT
QUANTITY		DESCRIPTION		PRICE	AMOUNT
		check tub for leaks.			
		fill tub			
		found RUBBER GASKET for			
		overflow - upside down			
		RE ADJUST Rubber !!			
		TEST for leaks. OK			
		REPAIR toilet			
1		fill valve			24.00
1		flush valve			36.00
1		Tank to Bowl Gasket			15.00
		service charge			255.00
RECEIVED BY				TOTAL	330.00

Thank You



# CITY OF MANCHESTER

## PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management  
Building Regulations  
Community Improvement Program  
Zoning Board of Adjustment

Leon L. LaFreniere, AICP  
Director

Pamela H. Goucher, AICP  
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.  
Deputy Director - Building Regulations

### MEMORANDUM

To: Alderman Bill Shea,  
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP  
Director, Planning and Community Development

Date: September 26, 2016

Re: Health Department - CIP #211317 – STD & HIV Testing & Referral Program

### New Funding

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The Health Department has notified us that the City has received new funding from the State of New Hampshire Department of Health and Human Services totaling \$11,400 to provide services to test, counsel and treat patients with STD's and to individuals who may be at risk of HIV.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program continuation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

# CIP BUDGET AUTHORIZATION

CIP#: 211317 Project Year: 2017 CIP Resolution: 5/17/2016  
 Title: STD/HIV Clinical Services Amending Resolution: 10/18/2016  
 Administering Department: Health Department Revision: #1

Project Description: Provide services to test, council and, treat patients with STD's and to individuals who may be at risk of HIV.

**Federal Grants** Federal Grant: No **Environmental** Review Required: No  
 Grant Executed: Completed:

## Critical Events

1. Project Initiation	7/1/2016
2. Project Completion	6/30/2017
3.	
4.	
5.	6/30/2017

## Line Item Budget

	STATE			TOTAL
Salaries and Wage	\$43,618.00	\$0.00	\$0.00	\$43,618.00
Fringes	\$13,132.00	\$0.00	\$0.00	\$13,132.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$17,380.00	\$0.00	\$0.00	\$17,380.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$10,870.00	\$0.00	\$0.00	\$10,870.00
<b>TOTAL</b>	<b>\$85,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$85,000.00</b>

**Revisions:** #1 - Budget increased from \$73,000 to \$85,000 due to the receipt of additional grant funds.

**Comments:** Funds received from the State of New Hampshire Department of Health and Human Services.

# City of Manchester New Hampshire

*In the year Two Thousand and Sixteen*

## A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Eleven Thousand Four Hundred Dollars (\$11,400) for the FY 2017 CIP 211317 STD & HIV Testing & Referral Program.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds in the amount of \$11,400 from the State of New Hampshire Department of Health and Human Services to support the Health Department’s implementation of STD/HIV Clinical services;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

**By increasing:**

FY 2017 CIP 211317 STD & HIV Testing & Referral Program – \$11,400 State (from \$73,600 State to \$85,000 State)

Resolved, that this Resolution shall take effect upon its passage.



Jeffrey A. Meyers  
Commissioner

Marcella Jordan Bobinsky  
Acting Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503  
603-271-4612 1-800-852-3345 Ext. 4612  
Fax: 603-271-4827 TDD Access: 1-800-735-2964



April 11, 2016

**G&C Approved**

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, NH 03301

Date 5/18/16  
Item # 13

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise a renewal option to an existing agreement with the vendors listed below for the provision of staffing, employment and training services by increasing the price limitation by \$780,000 from \$734,400 to \$1,514,400 and extending the completion date from June 30, 2016 to June 30, 2018 upon Governor and Executive Council approval. 80% Federal Funds, 20% General Funds

Vendor	Vendor Code	Budget	Increase/ Decrease	Modified Budget
Manchester Health Department	177433-B009	\$397,200	\$420,000	\$817,200
City of Nashua	177441-B011	\$337,200	\$360,000	\$697,200
Total:		\$734,400	\$780,000	\$1,514,400

Funds are available in the following accounts for State Fiscal Year 2017 and anticipated to be available in State Fiscal Year 2018 upon the availability and continued appropriation of funds in the future operating budgets, with the authority to adjust encumbrances between State Fiscal Years through the Budget Office without Governor and Executive Council approval, if needed and justified.

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,  
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL,  
IMMUNIZATION PROGRAM**

**05-95-90-902510-7536 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,  
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, STD/HIV  
PREVENTION**

**05-95-90-902510-5170 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,  
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, DISEASE  
CONTROL**

**FISCAL DETAILS ATTACHED**

**EXPLANATION**

The purpose of this Amendment is to renew contract services for the provision of clinical testing, outreach and education services to prevent and control infectious diseases such as Tuberculosis, Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), Hepatitis C, and Vaccine-Preventable Diseases.

Infectious diseases are the leading cause of illness and death throughout the world. The services provided will improve the New Hampshire's ability to prevent, recognize and control infectious diseases. Disease surveillance, laboratory detection and investigation are necessary to protect the public from infectious diseases while education and outreach will increase awareness which will reduce health disparities and improve the health of vulnerable populations.

The original contract contained the option to extend the contract for an additional two (2) years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of Governor and Executive Council. The Department is satisfied with the services received through these agreements, as demonstrated by the performance measures generated in response to the previous contract.

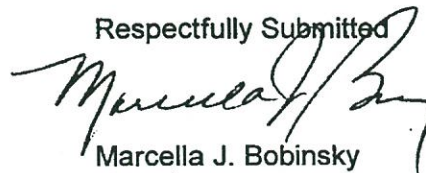
Should the Governor and Executive Council not approve this request, the critical services may not be completed in a timely manner which may result in an increased number of infectious disease related cases in the state.

Area Served: Greater Manchester and Nashua area.

Source of Funds: 80% Federal Funds, 20% General Funds.

In the event that the federal funds become no longer available, no further general funds will be requested to support this contract.

Respectfully Submitted



Marcella J. Bobinsky  
Acting Director

Approved by:



Jeffrey A. Meyers  
Commissioner

## FISCAL DETAILS

### Manchester Health Department

05-95-90-902510-5178

Fiscal Year	Class	Title	Activity Code	Amount
2015	102-500731	Contracts for Program Svc.	90023317	\$46,049
2015	102-500731	Contracts for Program Svc.	90023010	\$23,951
2015	102-500731	Contracts for Program Svc.	90023011	\$20,000
2016	102-500731	Contracts for Program Svc.	90023317	\$46,049
2016	102-500731	Contracts for Program Svc.	90023010	\$23,951
2016	102-500731	Contracts for Program Svc.	90023011	\$20,000
2017	102-500731	Contracts for Program Svc.	90023317	\$46,049
2017	102-500731	Contracts for Program Svc.	90023010	\$23,951
2017	102-500731	Contracts for Program Svc.	90023011	\$20,000
2018	102-500731	Contracts for Program Svc.	90023317	\$46,049
2018	102-500731	Contracts for Program Svc.	90023010	\$23,951
2018	102-500731	Contracts for Program Svc.	90023011	\$20,000
			<b>Sub Total:</b>	<b>\$360,000</b>

05-95-90-902510-5189

Fiscal Year	Class	Title	Activity Code	Amount
2015	102-500731	Contracts for Program Svc.	90024000	\$63,600
2016	102-500731	Contracts for Program Svc.	90024000	\$63,600
			<b>Sub Total:</b>	<b>\$127,200</b>

05-95-90-902510-7536

Fiscal Year	Class	Title	Activity Code	Amount
2017	102-500731	Contracts for Program Svc.	90024000	\$65,000
2018	102-500731	Contracts for Program Svc.	90024000	\$65,000
			<b>Sub Total:</b>	<b>\$130,000</b>

05-95-90-902510-2227

Fiscal Year	Class	Title	Activity Code	Amount
2015	102-500731	Contracts for Program Svc.	90025000	\$10,000
2016	102-500731	Contracts for Program Svc.	90025000	\$10,000
			<b>Sub Total:</b>	<b>\$20,000</b>

05-95-90-902510-7536

Fiscal Year	Class	Title	Activity Code	Amount
2017	102-500731	Contracts for Program Svc.	90025000	\$20,000
2018	102-500731	Contracts for Program Svc.	90025000	\$20,000
			<b>Sub Total:</b>	<b>\$40,000</b>

05-95-90-902510-5170

Fiscal Year	Class	Title	Activity Code	Amount
2015	102-500731	Contracts for Program Svc.	90020006	\$35,000
2016	102-500731	Contracts for Program Svc.	90020006	\$35,000
2017	102-500731	Contracts for Program Svc.	90020006	\$35,000
2018	102-500731	Contracts for Program Svc.	90020006	\$35,000
			<b>Sub Total:</b>	<b>\$140,000</b>
			<b>Total:</b>	<b>\$817,200</b>



# CITY OF MANCHESTER

## PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management  
Building Regulations  
Community Improvement Program  
Zoning Board of Adjustment


Leon L. LaFreniere, AICP  
Director

Pamela H. Goucher, AICP  
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.  
Deputy Director - Building Regulations

### MEMORANDUM

To: Alderman Bill Shea,  
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP   
Director, Planning and Community Development

Date: September 26, 2016

Re: Health Department - CIP #212017 – RWJF Culture of Health

### New Funding

---

The Health Department has notified us that the City has received additional grant funds totaling \$3,000 from the Robert Wood Johnson Foundation. This funding will be utilized to support community partners with the implementation of initiatives which develop a culture of health.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for accepting the funds.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

### CIP BUDGET AUTHORIZATION

CIP#: 212017	Project Year: 2017	CIP Resolution: 5/17/2016	
Title: RWJF Culture of Health Prize		Amending Resolution: 9/18/2016	
Administering Department: Health Department		Revision: #1	

**Project Description:** Funding from Robert Wood Johnson Foundation to support partners in the community as we continue to develop a culture of health. This may include Kindergarten registration/readiness backpacks with children's books; Earn a Bike Program; resident leadership improvement projects and/or block party supplies.

<b>Federal Grants</b>	Federal Grant: No	<b>Environmental</b>	Review Required: No
	Grant Executed:		Completed:

#### Critical Events

1. Program Initiation	7/1/2016
2. Program Completion	6/30/2017
3.	
4.	
5.	
	6/30/2017

#### Line Item Budget

	OTHER			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$6,000.00	\$0.00	\$0.00	\$6,000.00
<b>TOTAL</b>	<b>\$6,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$6,000.00</b>

**Revisions:** #1 - Budget increased from \$3,000 to \$6,000 due to the receipt of additional grant funds.

**Comments:** Funds received from RWJF Culture of Health Prize.

# City of Manchester New Hampshire

*In the year Two Thousand and Sixteen*

## A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Three Thousand Dollars (\$3,000) for the FY2017 CIP 212017 RWJF Culture of Health Prize.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds from the Robert Wood Johnson Foundation to implement community health initiatives;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

**By increasing:**

FY2017 CIP 212017 – RWJF Culture of Health Prize - \$3,000 Other  
(from \$3,000 Other to \$6,000 Other)

Resolved, that this Resolution shall take effect upon its passage.



# CITY OF MANCHESTER

## PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management  
Building Regulations  
Community Improvement Program  
Zoning Board of Adjustment

Leon L. LaFreniere, AICP  
Director

Pamela H. Goucher, AICP  
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.  
Deputy Director - Building Regulations

### MEMORANDUM

To: Alderman Bill Shea,  
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP  
Director, Planning and Community Development

Date: September 26, 2016

Re: Health Department - CIP #212317 – Asthma Home Visiting Program

### New Funding

The Health Department has notified us that the City has received new funding from the Community Health Access Network totaling \$25,000. The funding will be utilized to establish formal linkages with emergency departments at local hospitals in order to provide home asthma education for adults and children. This will enable the Health Department to pilot a hot-spotting approach to addressing asthma among children and adults who are presenting uncontrolled asthma in the emergency departments.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program initiation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

### CIP BUDGET AUTHORIZATION

CIP#: 212317	Project Year: 2017	CIP Resolution: 5/17/2016
Title: Asthma Home Visiting Program		Amending Resolution: 10/18/2016
Administering Department: Health Department		Revision:

**Project Description:** To support the establishment of formal linkages with emergency Depts. at the local hospitals to provide home asthma education for adults and children. This will enable the Health Dept. to pilot a hot-spotting approach to addressing asthma among children & adults who are presenting in the emergency Dept. with uncontrolled asthma, as evidenced within the City's significantly higher rates of chronic ambulatory care sensitive conditions (i.e. asthma, diabetes, hypertension). Typically, medical treatment in the emergency Dept. for these types of conditions may be an indicator of a lack of health insurance or a primary care Dr.

<b>Federal Grants</b>	Federal Grant: No	<b>Environmental</b>	Review Required: No
	Grant Executed:		Completed:

#### Critical Events

1. Program Initiation	07/01/2016
2. Program Completion	06/30/2017
3.	
4.	
5.	
	06/30/2017

#### Line Item Budget

	OTHER			TOTAL
Salaries and Wage	\$23,200.00	\$0.00	\$0.00	\$23,200.00
Fringes	\$1,800.00	\$0.00	\$0.00	\$1,800.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$25,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$25,000.00</b>

**Revisions:**


**Comments:** Funds received from the Community Health Access Network. Program initiation and completion dates determined by the grantor.

# City of Manchester New Hampshire

*In the year Two Thousand and Sixteen*

## A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Twenty Five Thousand Dollars (\$25,000) for the FY2017 CIP 212317 Asthma Home Visiting Program.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds from the Community Health Access Network to implement asthma education programming;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

**By adding:**

CIP 212317 Asthma Home Visiting Program - \$25,000 Other

Resolved, that this Resolution shall take effect upon its passage.

**Memorandum of Agreement**  
**between**  
**Community Health Access Network (CHAN)**  
**and**  
**Manchester Health Department**  
**for**  
**Emergency Department Linkage and Home Visiting Program Support**  
**Contract No. 16-17:MHD-01**

This AGREEMENT, effective July 1, 2016 ("EFFECTIVE DATE") is between the Manchester Health Department, mailing address: 1528 Elm Street, Ste 1, Manchester, NH and the Community Health Access Network (CHAN) of Newmarket, NH.

WITNESSETH that for and in consideration of the mutual promises herein contained it is understood and agreed as follows:

**I      PURPOSE**

The purpose of this AGREEMENT is to provide support to the Manchester Health Department to form a linkage with an Emergency Department and to support their home visiting program.

**II.    RESPONSIBILITIES OF CONTRACTOR (DELIVERABLES NOTED IN ATTACHMENT A)**

**A.      CONTRACTOR, will:**

1. Partner with a minimum of one emergency department to create a system for identification and care coordination of community members with uncontrolled asthma as defined in the Attachment A, Deliverables.
2. Provide in-home, guidelines-based, intensive asthma self-management education as defined in the Attachment A, Deliverables.
3. Work collaboratively with New Hampshire Asthma Control Program's Contract Evaluator as included in Attachment A, Deliverables.
4. Communicate with CHAN regarding any commitment to expend resources.
5. Account for hours in accordance with the budget outlined below.
6. Submit monthly invoices by the 10th day of the month following when services are rendered, including a final invoice within 10 days of end of contract.
7. Maintain Confidentiality of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the CONTRACTOR, provided however, that pursuant to state laws and the regulations of the New Hampshire Department of Health and Human Services regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract.
8. Include in all documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall the following statement:

The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services,

Division of Public Health Services, Asthma Control Program, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. Provide a service that is a component of the overall mission of CHAN.
16. Complete and submit a Federal W-9 form, noting a federal employer identification number or social security number.
17. Not supervise CHAN employees.
18. Use his or her own tools or equipment to perform the above mentioned duties.
19. Set his/her own hours and is responsible for the quality of services delivered.
20. Provide services as a consultant who holds himself or herself out to be in business for himself or herself.
21. Attest that he/she has not been convicted of a crime related to healthcare or is not currently listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded programs including, without limitation, federally funded healthcare programs.
22. Not allow other business obligations to interfere with the contractor's ability to perform the required work or the completion of the schedule as set forth below.
23. Not discriminate on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, or sexual orientation.

III. RESPONSIBILITIES OF CHAN

- A. CHAN will:
  1. Provide broad direction for the project
  2. Be responsible for financial resources and budgets relating to the projects.
  3. Reimburse expenses in accordance with the budget below.
- B. CHAN will comply with the Civil Rights Act of 1964 (Title IV) to the end that no person shall, on the grounds of race, color or national origin, be excluded from participation in, to be defined the benefits of, or be otherwise subjected to discrimination under any program or activity which is supported by Federal Funds.
- C. Until the expiration of seven (7) years from the date of final completion of the services to be performed under this AGREEMENT, CHAN shall make available, upon written request by the Secretary of the United States of Government Department of Health and Human Service or the Comptroller General of the United States or any of their respective duly authorized representatives, this AGREEMENT and the books, documents and records of CHAN that are necessary to certify the nature and extent of payments made by CHAN to CONTRACTOR and the performance of services under this AGREEMENT.

IV. REIMBURSEMENT:

It is agreed that

- A. The CONTRACTOR will be reimbursed **up to \$25,000** for activities as outlined in Responsibilities of Independent Contractor, and for deliverables as outlined in Attachment A, Deliverables.

- B. The CONTRACTOR will be reimbursed travel expenses at the federally approved rate. CONTRACTOR will itemize travel expenses by project.
- C. The CONTRACTOR will receive prior-approval from CHAN before purchasing any equipment for this project.
- D. The CONTRACTOR will submit itemized invoices for this project including the number of hours applied to each facet of the project, per approved budget.
- E. CHAN will issue payment within 21 days of the receipt of a valid invoice that includes time and effort records, date of invoice and signature of CONTRACTOR.
- V. NON-ASSIGNMENT:  
Neither party may assign its rights or delegate its duties hereunder in this agreement without the prior written consent of the other.
- VI. MERGER:  
This AGREEMENT merges all understandings of the parties as to the contractual relationships between CONTRACTOR and CHAN.
- VII. NEW HAMPSHIRE LAW  
The AGREEMENT shall be construed under and governed by New Hampshire Law.
- VIII. TERMS OF AGEEMENT  
The terms of this AGREEMENT are effective upon EFFECTIVE DATE and will remain so until the earliest of: a) 8/31/17, b) the work is completed, as determined by CHAN, c) the Agreement is modified by mutual written agreement of both parties, or d) AGREEMENT is terminated. This AGREEMENT may be terminated at any time by either CHAN or CONTRACTOR, upon thirty (30) days written notice to the other party.
- IX. INDEMNIFICATION  
INDEPENDENT CONTRACTOR hereby agrees to indemnify and hold harmless CHAN, it's officers, agents, servants, employees, insurers, sub-contractors, and sub-sub-contractors, and any other person, organization, or entity with whom CHAN has either a written or oral agreement, for any claims, liabilities, costs, expenses, fines, judgments, attorneys fees, and/or any other expenses incurred by CHAN either directly or indirectly, arising from the actual or alleged negligence, neglect, supervision, failure to comply with laws, safety rules, standards, including but not limited to OSHA standards, of the INDEPENDENT CONTRACTOR.  
  
CHAN hereby agrees to indemnify and hold harmless the INDEPENDENT CONTRACTOR, it's officers, agents, servants, employees, insurers, sub-contractors, and sub-sub-contractors, and any other person, organization, or entity with whom THE INDEPENDENT CONTRACTOR has either a written or oral agreement, for any claims, liabilities, costs, expenses, fines, judgments, attorneys fees, and/or any other expenses incurred by THE INDENDEPENT CONTRACTOR either directly or indirectly, arising from the actual or alleged negligence, neglect, supervision, failure to comply with laws, safety rules, standards, including but not limited to OSHA standards, of CHAN.
- X. SOURCES OF FUNDING  
Both CHAN and CONTRACTOR understand that this AGREEMENT is contingent upon the availability of grant funds made to CHAN, without which this AGREEMENT is null and void.

- XI. This AGREEMENT may be extended or modified in any particular by the prior written consent of CHAN and CONTRACTOR.

COMMUNITY HEALTH ACCESS NETWORK

\_\_\_\_\_  
Signature  
Kirsten Platte, Executive Director

\_\_\_\_\_  
Date

CONTRACTOR

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name, Title: \_\_\_\_\_  
Manchester Health Department  
Mailing address:  
1528 Elm Street, Ste 1  
Manchester, NH 03101

\_\_\_\_\_  
SSN/TIN

**ATTACHMENT A**  
**Deliverables**  
**July 2016- August 2017**

Deliverable	Due To	Due Date
Provide CHAN with a proposed budget	CHAN	Within 30 days of Agreement Effective Date
<b>Emergency Department Linkage:</b> Partner with a minimum of one Emergency Department to create a system to: <ol style="list-style-type: none"> <li>1. Identify adult cases of poorly controlled asthma that would benefit from in-home asthma self-management education.</li> <li>2. Identify pediatric cases of poorly controlled asthma to enroll into the existing pediatric home visiting program at the Manchester Health Department.</li> <li>3. Provide community care coordination to adult asthma patients and families of referred asthmatic children without a primary care provider to establish them with a medical home and/or health insurance for ongoing access to preventive health services and adequate asthma management.</li> <li>4. Document number of referrals to appropriate medical providers and health care plans.</li> <li>5. Provide information sharing with patient consent to other key providers, such as their primary care physician or school nurse, to improve asthma case management.</li> </ol>	CHAN NHACP	quarterly
<b>Home Visiting Program:</b> <ol style="list-style-type: none"> <li>1. Provide in-home, guidelines-based, intensive asthma self-management education for at least 25 adults or children seeking care in the Emergency Department.</li> <li>2. Document number and demographics of participants (a) initiating and (b) attending at least 60% of sessions of guidelines-based intensive asthma self-management education.</li> <li>3. Document number of participants attending at least 60% of intensive asthma self-management education sessions who successfully complete a return demonstration of basic asthma self-management knowledge and skills.</li> <li>4. Document number of participants who (a) had poorly controlled asthma and were not using a long-term control medication regularly on enrollment (b) who reported better adherence to long-term control medication a month or more after attending at least 60% of intensive asthma self-management education sessions.</li> <li>5. Document the number of participants with poorly controlled asthma on enrollment who report their asthma is "well-controlled" one month or more after attending at least 60% of intensive asthma self-management education sessions.</li> </ol>	CHAN, NHACP	quarterly

6. Document number of participants attending at least 60% of intensive asthma self-management education sessions who report a decrease in the number of hospitalizations and ED visits during the 12 months following the program.		
<b>Evaluation</b> Work collaboratively with NHACP's Contract Evaluator to develop an individual evaluation plan	CHAN, NHACP	On-going



# CITY OF MANCHESTER

## PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management  
Building Regulations  
Community Improvement Program  
Zoning Board of Adjustment


Leon L. LaFreniere, AICP  
Director

Pamela H. Goucher, AICP  
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.  
Deputy Director - Building Regulations

### MEMORANDUM

To: Alderman Bill Shea,  
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP   
Director, Planning and Community Development

Date: September 26, 2016

Re: Health Department - CIP #212417 – 2016 RWJF Culture of Health Prize

### New Funding

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The Health Department has notified us that the City has received a cash prize totaling \$25,000 from the Robert Wood Johnson Foundation. This funding will be utilized to support community partners with the implementation of initiatives which develop a culture of health.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for accepting the funds.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

### CIP BUDGET AUTHORIZATION

CIP#: <input type="text" value="212417"/>	Project Year: <input type="text" value="2017"/>	CIP Resolution: <input type="text" value="5/17/2016"/>
Title: <input type="text" value="2016 Robert Wood Johnson Foundation Culture of Health Prize"/>		Amending Resolution: <input type="text" value="10/18/2016"/>
Administering Department: <input type="text" value="Health Department"/>		Revision: <input type="text"/>

Project Description:	The RWJF Culture of Health Prize recognizes communities that have placed a priority on health and are creating powerful partnerships and deep commitments that will enable everyone, especially those facing the greatest challenges, with the opportunity to live well. A culture of Health recognizes that health and well being are greatly influenced by where we live, work, the safety of our surroundings, and the relationships we have in our families and communities. The Health Department will work with Community partners to decide together how to use the funds to benefit the community.
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<b>Federal Grants</b>	Federal Grant: <input type="text" value="No"/>	<b>Environmental</b>	Review Required: <input type="text" value="No"/>
	Grant Executed: <input type="text"/>		Completed: <input type="text"/>

<b>Critical Events</b>	
1. <input type="text" value="Program Initiation"/> 2. <input type="text" value="Program Completion"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>	<input type="text" value="9/1/2016"/> <input type="text" value="12/31/2017"/> <input type="text"/> <input type="text"/> <input type="text" value="12/31/2017"/>

Line Item Budget	OTHER			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$25,000.00	\$0.00	\$0.00	\$25,000.00
<b>TOTAL</b>	<b>\$25,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$25,000.00</b>

<b>Revisions:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<b>Comments:</b>	Funds received from RWJF Culture of Health Prize. Program initiation and completion dates determined by the grantor.
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# City of Manchester New Hampshire

*In the year Two Thousand and Sixteen*

## A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Twenty Five Thousand Dollars (\$25,000) for the FY2017 CIP 212417 2016 RWJF Culture of Health Prize.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds from the Robert Wood Johnson Foundation to implement community health initiatives;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

**By adding:**

FY2017 CIP 212417 – 2016 RWJF Culture of Health Prize - \$25,000 Other

Resolved, that this Resolution shall take effect upon its passage.

# 2016 RWJF CULTURE OF HEALTH PRIZE

## *What Comes Next*

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Congratulations on being selected as a 2016 *RWJF Culture of Health Prize* winner. Your community's shared vision for health, strong leadership, and commitment to lasting change will inspire communities across the nation to build a Culture of Health. We look forward to celebrating your accomplishments and working with you to promote your successes. This document and a "What Comes Next" **webinar on July 14, at 2:30pm ET** will help orient your community to what you can expect as we prepare to announce and celebrate the 2016 *RWJF Culture of Health Prize* winners.

## Key Dates

The national announcement of the *RWJF Culture of Health Prize* winners will take place on **September 14, 2016**. Our Prize Communications team will work closely with each community to promote this national announcement recognition through national and local press outreach, strong policymaker engagement, and robust social media activity. **Until that time, we ask that you keep your Prize winner status quiet, sharing only in a limited and confidential manner with key leaders, partners, and community members, and taking particular precautions to avoid local and social media attention until the formal national announcement.**

In addition, six community members are invited to attend the Prize Celebration & Learning Event at the Robert Wood Johnson Foundation in Princeton, NJ (read on for more details) in October. Each Prize-winning community is also encouraged to host a local celebration event any time after the national announcement.

In order to prepare for the national announcement and celebration events, there are several key activities and dates to highlight:

- |                      |  |
|----------------------|--|
| • July 14, 2:30pm ET | "What Comes Next" webinar. Registration is required click <a href="#">here</a> .   |
| • July 15, 5pm ET    | Key Contact & Planning Call Scheduling Questionnaire due; one person from each community should complete this questionnaire found <a href="#">here</a> . |
| • July 20-29         | "What Comes Next" planning calls with individual community teams*  |
| • July 29-Sept. 9    | Video production; visit dates to be scheduled  |
| • Sept. 14           | National announcement of Prize winners   |
| • Oct. 19-20         | Prize Celebration & Learning Event at RWJF, Princeton, NJ  |

## Prize Announcement Team

The Prize Announcement Team (PAT) is a two-three person team from each community who will serve as key points of contacts for the community's presence at the October 19-20 *RWJF Culture of Health Prize Celebration & Learning Event* and the development of promotional materials, including a video that will be produced to highlight your community's efforts and accomplishments. The PAT should include:

- A decision maker with strong knowledge of the community's health improvement journey, overarching shared goals, key players, and how all these elements connect together. This individual will work with the communication team to ensure the right people, events, themes, and images are captured to provide the most complete picture of the efforts underway in your community. This person will be instrumental in helping us shape the promotional visual and written content.
- One to two other lead community members who will:
  1. Work with the communications team to assist in logistics, scheduling, information collection, and local media outreach;
  2. Help to organize the local review of promotional materials;
  3. Manage the details of the community's participation in the Prize Celebration & Learning Event in October.

**We highly recommend the individuals who fit these profiles from your community join the “What Comes Next” webinar and planning call on July 14, 2:30pm ET.**

Additional conference calls will be scheduled as needed with the communications team.

## Calendar of Upcoming Activities

Please prepare a calendar of key community events related to your application that represent your community's Prize winning efforts. We are primarily interested in activities occurring in the month of August; however, please include activities happening from July 29 through September 9. The video production crew may want to shoot footage of these events/activities to feature in your community's Prize video.

## Prize Award Distribution

Each community will receive their \$25,000 prize following the September 14<sup>th</sup> announcement. Unless you request alternate arrangements, the checks will go directly from RWJF to the designated Prize recipient organization specified during the application process.

## October 19-20 Prize Celebration & Learning Event

The Robert Wood Johnson Foundation will host a celebratory event to recognize and celebrate the Prize winners at the Foundation in Princeton, NJ on **October 19-20**.

Tuesday, October 18 will largely be a travel day. On Tuesday evening there will be an optional buffet dinner and opportunity for Prize video viewing with other guests (note: at least one person from your

delegation will be expected to attend the Tuesday evening video viewing and speak to your community's storytelling experience).

Wednesday will include a welcome program for 2016 Prize winners in the morning, a celebratory luncheon at noon, followed by an afternoon of learning sessions, a reception, and dinner.

On Thursday, Prize winners from all four years will reconvene for networking and additional opportunities to exchange ideas and learn from one another in a day set aside exclusively for the Prize Alumni Network.

The Prize Celebration & Learning Event will include representatives from the Prize-winning communities, RWJF and University of Wisconsin Population Health Institute leadership and staff, and invited guests including Prize Advisory Group, national health leaders, select RWJF grantees and partners, and other national and regional funders.

RWJF will cover all travel costs associated with the event for **up to six members** from your community. However, in order to qualify for travel assistance, all six members of your community delegation may not be represent the same organization or entity. We are happy to consult with you as you consider who from your community should attend. In general, we encourage you to bring a diverse delegation from your community that represents the many sectors and broad approaches you are taking to improve health and includes individuals who can talk in-depth and from diverse perspectives about your community's work and accomplishments. Here are some ideas for how you might carefully and strategically assemble your delegation:

I. Consider representation from a variety of sectors:

- Business
- Community development
- Education
- Government
- Healthcare
- Nonprofit
- Philanthropy
- Public health

II. Consider including community residents and/or emerging or next generation leaders.

Additional details, including an event agenda and travel information, will be provided within the next month.

## Local Celebration Events

Your community is encouraged to hold a local celebration event, which may take place any time after the national announcement on September 14. Should you opt to hold an event, your community will receive a \$3,000 stipend to help with planning and event costs. Our communications team stands ready to help you promote your local event and RWJF and University of Wisconsin Population Health Institute representatives may be able to attend if that is of interest to your community and if schedules allow. While you and your community will be responsible for the local event, you will be expected to coordinate planning with our team should you decide to hold one.

## Video Production

This summer, the Prize Communication team will visit each of the winning communities to conduct interviews and shoot footage for community videos to be shared as part of the announcement promotional materials. Video shoots will likely take place in the month of August. Click [here](#) to see the

videos of our 2015 Prize winners. Our communications team will host planning calls following the webinar to coordinate the visit and on-site video production.

## Written Profiles & Promotional Content

In addition to the video, a Prize Communication team journalist will also visit each winning community to conduct brief interviews with key individuals involved in your Prize efforts to develop a written profile for the September 14 national announcement. In order to show the full breadth and scope of each Prize community's journey, post-announcement additional storytelling content about each winner will be featured across RWJF's platforms and social channels throughout the year.

## Communications Support & Media Outreach

The announcement and celebration activities will provide rich opportunities to share your story with the media and others across the nation who are interested in building healthy communities. We will want to collaborate with you on a number of communications activities and arm you with the tools, resources and training you need to maximize publicity for this national recognition and your accomplishments.

The Prize communication team will also work closely with your community to promote this award. This support will come in many forms, including:

- Assistance with local and state print, broadcast and digital media outreach;
- Producing visual content, such as short videos and community slideshows, that illustrate your accomplishments;
- Assistance developing a strategy to inform Congressional delegations and other policymakers about your award-winning work;
- Marketing the videos and full breadth of promotional content to partners and supporters in your communities through social media and digital marketing;
- Featuring information about your efforts throughout the RWJF and *County Health Rankings & Roadmaps* websites, blogs, and other platforms.

## Media Announcement Embargo Date

The official announcement date of the Prize winners at the national and local levels is September 14, 2016. **The announcement is embargoed until that date, which means no media coverage or public announcement about it should happen until September 14.** While you have good reason to be eager to spread the news, in order to leverage this recognition for maximum impact, a coordinated announcement is necessary. We request that you wait until this date to announce your recognition so that there is no national or local media coverage of winners related to the Prize in advance of the formal announcement.

By announcing the winners on a designated date, the Prize program will have a better opportunity to become a larger, national story that ultimately allows your community's exemplary accomplishments to reach a broader audience. We know and understand that you want to share this exciting news with your partners, and ask that you limit that communication to private e-mails or verbal meeting announcements. We would strongly prefer that neither you nor your partners post this information on a public website, share on social media, include in a newsletter, or any other medium accessible to the media or general public before September 14. Below is sample language you can use for sharing information about the Prize with your closest and most trusted partners:

*I am happy to inform you that we are a winner of the 2016 RWJF Culture of Health Prize. I want to thank you for the part you've played in making this possible. The official announcement of the Prize winners will be made at the national and local levels on September 14. I'll have more to share with you about the Prize announcement as details are finalized. **The announcement is embargoed until that time and I ask that you not share this information with other colleagues, partner organizations or the media until September 14.** This information should not be posted on a public website, shared on social media, included in a newsletter, or any other medium accessible to the media or general public until the embargo lifts on September 14. While we understand an eagerness to spread the news and celebrate, in order to ensure a coordinated announcement, we request that you wait until September 14 to announce this recognition.*

## Key Contacts

Each community will be assigned a primary contact with the RWJF Culture of Health Prize team. Please don't hesitate to contact them at:

Carrie Carroll  
Deputy Director, RWJF Culture of Health Prize  
Univ. of Wisconsin Population Health Institute  
[Carrie.Carroll@match.wisc.edu](mailto:Carrie.Carroll@match.wisc.edu)  
608-262-1924

Each community will be assigned a Prize Communication Lead from Burness who will be your primary point of contact for all communication needs. They will also work closely with the Subject Matter Communications producers and writers in the development of your promotional content.

Chuck Alexander  
Burness  
[calexander@burness.com](mailto:calexander@burness.com)  
301-280-5705

Toni Williams  
Burness  
[twilliams@burness.com](mailto:twilliams@burness.com)  
301-280-5737

Elizabeth Wenk  
Burness  
[ewenk@burness.com](mailto:ewenk@burness.com)  
301-280-5702

Adam Zimmerman  
Burness  
[azimmerman@burness.com](mailto:azimmerman@burness.com)  
301-280-5710

Your contacts at the Robert Wood Johnson Foundation are:

Amy Slonim  
Sr. Program Officer  
[aslonim@rwjf.org](mailto:aslonim@rwjf.org)  
609-627-6335

Joe Marx  
Sr. Advisor & Sr. Communications Officer  
[jmarx@rwjf.org](mailto:jmarx@rwjf.org)  
609-627-5946

Daniel A. Goonan  
Chief of Department



Richard P. McGahey  
Assistant Chief

**City of Manchester**  
*Fire Department*

TO: Alderman William P. Shea, CIP Committee Chair

FROM: Chief Daniel A. Goonan

DATE: September 20, 2016

RE: 2015 Radiological Emergency Response Plan

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I am requesting permission to accept grant funding in the amount of \$51,165.00 from the State of New Hampshire to support the Radiological Emergency Response Plan (RERP). As stated in the attached letter, these funds will reimburse the City for costs associated with maintaining and improving an emergency preparedness capability with the requirements of the NH RERP. This grant does not require the City to match funds and is funded by fiscal year July 1, 2016- June 30, 2017.



## State of New Hampshire Department of Safety

John J. Barthelmes, Commissioner

Kevin P. O'Brien, Assistant Commissioner

Richard C. Bailey, Jr., Assistant Commissioner

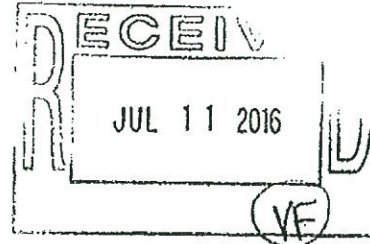
### Homeland Security and Emergency Management

Perry E. Plummer, Director

Jennifer L. Harper, Assistant Director



July 7, 2016



Daniel A. Goonan, Director  
Manchester Emergency Management  
c/o Manchester Fire Department  
100 Merrimack Street  
Manchester, NH 03101

Dear Director Goonan,

In accordance with RSA 107-B, the Commissioner of Safety has determined that the allocation of funds to support the Radiological Emergency Response Plan (RERP) in Manchester for the State of New Hampshire Fiscal Year 2015 (July 1, 2015-June 30, 2016) is \$51,165.00.

These funds are available in order to cover the associated costs incurred by Manchester for maintaining/improving an emergency preparedness capability commensurate with the requirements of the New Hampshire RERP. A breakdown of this allocation of funds by program activity area is attached

We look forward to continue working with you in the continued development and enhancement of your REP program capabilities and associated activities. Your Field Representative and the staff of the Technological Hazards Section at HSEM stand ready to assist you and your emergency management team with the responsibilities associated with your role as a very important partner in the Offsite Response Organization (ORO). The Annual Briefing Book also has information that will be helpful in the development and carrying out of your annual REP work plan.

Should you have any questions or concerns, please do not hesitate to contact us through your Field Representative or directly to Diane Becker, Chief of Technological Hazards, at 223-3616 or [diane.becker@dos.nh.gov](mailto:diane.becker@dos.nh.gov). Again, thank you for your continuing support.

Sincerely,

Perry E. Plummer  
Director

Enclosure

cc: The Honorable Theodore Gatsas  
Mayor, City of Manchester

Office: 110 Smokey Bear Boulevard, Concord, N.H.  
Mailing Address: 33 Hazen Drive, Concord, N.H. 03305  
603-271-2231, 1-800-852-3792, Fax 603-223-3609  
State of New Hampshire TDD Access: Relay 1-800-735-2964

Attachment: Manchester 2017 SS RERP Assessment Allocation

Fiscal Year 2017 allocation of funds pursuant to RSA 107-B for Manchester to support participation and preparedness in the New Hampshire Radiological Emergency Response Plan for Seabrook Station:

Total Amount Allocated: \$51,165.00

Allocation Breakdown:

• Maintenance of Facilities:	\$ 0.00
• Purchase of Equipment:	\$ 1,800.00
• Exercise, Meeting & Training Participation:	\$33,305.00
• Supplies & Services:	\$ 1,900.00
• Planning & Administration:	\$14,160.00

Total: \$51,165.00

NH RSA 107-B: The NHRERP Program is a reimbursement program. In order for your community to receive the allocated funding, you must submit a request for reimbursement of the allowable expenses under this program accompanied by appropriate documentation. \*\* SEE BELOW.

- ❑ Submissions for reimbursement should occur soon after an expense is incurred and/or on a regular, i.e., monthly or quarterly basis, to NH Homeland Security and Emergency Management (HSEM).
- ❑ Funds expended beyond the budgeted amount for the year will **NOT** be reimbursed unless otherwise approved by Chief of Tech Hazards, **IN ADVANCE**.
- ❑ Reimbursement for expenses cannot be carried forward into the next fiscal year.
- ❑ Reimbursements cannot be transferred from one category to another without prior approval from the Chief of Tech Hazards. Equipment cannot be purchased unless requested and approved through your request.

The State fiscal year runs from July 1 to June 30 of each year. Billings for reimbursement must be received by HSEM on or before June 1. Exceptions for those year-end expenditures which occur during the month of June should be discussed with HSEM prior to the commitment of funds.

\*\*\*\* IMPORTANT INFORMATION

\*\*\*\* REQUIRED DOCUMENTATION FOR REIMBURSEMENT:

The State of New Hampshire, in conjunction with HSEM, has issued a briefing book which describes the documentation required for reimbursement. The documentation will clearly describe the request for reimbursement letter or invoice content, the requested presentation of your supporting documentation and the State's acceptable forms of required proof of payments. This may include copies of cancelled checks, payroll registers, etc. Please notify or forward this important information to your city's finance officer or office. We appreciate your cooperation regarding this matter.

# City of Manchester New Hampshire

*In the year Two Thousand and Sixteen*

## A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Fifty One Thousand One Hundred Sixty Five Dollars (\$51,165) for the FY 2017 CIP 411417 Radiological Emergency Response Plan.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds from the State to maintain emergency preparedness;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

**By adding:**

2017 CIP 411417 – Radiological Emergency Response Plan - \$51,165 State

Resolved, that this Resolution shall take effect upon its passage.

### CIP BUDGET AUTHORIZATION

CIP#: <input type="text" value="411417"/>	Project Year: <input type="text" value="2017"/>	CIP Resolution: <input type="text" value="5/17/2016"/>
Title: <input type="text" value="Radiological Emergency Response Plan"/>	Amending Resolution: <input type="text" value="10/18/2016"/>	
Administering Department: <input type="text" value="Fire Department"/>	Revision: <input type="text"/>	

Project Description:

<b>Federal Grants</b>	Federal Grant: <input type="text"/>	<b>Environmental</b>	Review Required: <input type="text" value="No"/>
	Grant Executed: <input type="text"/>		Completed: <input type="text"/>

#### Critical Events

1.	<input type="text" value="Program Initiation"/>	<input type="text" value="10/18/16"/>
2.	<input type="text" value="Program Completion"/>	<input type="text" value="6/30/17"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
		<input type="text" value="6/30/17"/>

#### Line Item Budget

	STATE			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$14,160.00	\$0.00	\$0.00	\$14,160.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$1,800.00	\$0.00	\$0.00	\$1,800.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$35,205.00	\$0.00	\$0.00	\$35,205.00
<b>TOTAL</b>	<b>\$51,165.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$51,165.00</b>

#### Revisions:

#### Comments:

State Grant - does not require City to match.

Daniel A. Goonan  
Chief of Department



Richard P. McGahey  
Assistant Chief

**City of Manchester**  
*Fire Department*

TO: Alderman Shea, CIP Committee Chair  
FROM: Chief Daniel A. Goonan *16*  
Date: 9/21/2016  
RE: Safe Station – Overnight Coverage

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Per the direction of the Board of Mayor and Aldermen, I am requesting that a CIP account be established and \$10,000 from contingency be allocated to cover costs associated with Safe Station. These funds will be used to cover the costs of providing credentialed staff members to transport individuals who are using Safe Station between the hours of 8:00 PM – 8:00 AM.

I appreciate your consideration of this request and will be available should the Committee have any questions.

*Daniel A. Goonan*  
*Chief of Department*



*Richard P. McGahey*  
*Assistant Chief*

## **City of Manchester**

### ***Fire Department***

September 9, 2016

Honorable Board of Mayor and Aldermen  
Alderman Long, Chairman  
c/o Matthew Normand, City Clerk  
One City Hall Plaza  
Manchester NH 03101

***RE: Request for Safe Station funding***

Dear Chairman Long and Honorable Members:

I am writing to request funding to cover expenses related to night and weekend support for the Safe Station program. These funds will be used to support a Credentialed Social Worker provided by Serenity Place to do initial intake, crisis intervention and transportation to the Helping Hands Respite.

In our first 4 months of operating Safe Station we have had over 450 people participate in the program with approximately 200 seeking assistance between the hours of 8pm and 8am. This timeframe is outside normal business hours for Serenity Place and requires on-call staffing response.

Attached is a letter from Stephanie Bergeron, Interim CEO of Serenity Place that will outline the program.

We are anticipating an annual cost of approximately \$25,000. I am requesting that a Safe Station project be set up to support this program.

Respectfully,

Daniel A. Goonan, Chief



September 9, 2016

### Safe Station Afterhours Protocol

Serenity Place is currently providing an outpatient day treatment program which includes case management services through its Wrap program from 9:00 AM – 3:00 PM to individuals seeking assistance through Safe Station. Serenity Place is also providing credentialed staff members to pick up individuals at the designated station to transport the individual to Serenity Place for the day Wrap program or to Helping Hands for afterhours calls. The Serenity Place staff member will provide a brief informed consent to the individual outlining how the program works as well as crisis intervention services if necessary. The Wrap program staff picking individuals up from a station beyond Wrap operating hours will receive a stipend for the pickup. The stipend will be \$50 per after hours pick up. These hours are 8:00 PM – 8:00 AM.

### CIP BUDGET AUTHORIZATION

CIP#: 411517	Project Year: 2017	CIP Resolution: 5/17/2016	
Title: Safe Station - Overnight Coverage		Amending Resolution: 10/18/2016	
Administering Department: Fire Department		Revision:	

Project Description: To provide credentialed staff members to transport individuals who are using Safe Station between the hours of 8:00 pm - 8:00 am.

#### Federal Grants

Federal Grant: No

Grant Executed: N/A

#### Environmental

Review Required: No

Completed:

#### Critical Events

1.	Program Initiation	10/18/16
2.	Program Completion	6/30/17
3.		
4.		
5.		
		6/30/17

#### Line Item Budget

	OTHER			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$10,000.00	\$0.00	\$0.00	\$10,000.00
<b>TOTAL</b>	<b>\$10,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$10,000.00</b>

#### Revisions:


#### Comments:

Other funds from Contingency.

# City of Manchester New Hampshire

*In the year Two Thousand and Sixteen*

## A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Ten Thousand Dollars (\$10,000) for the FY 2017 CIP 411517 Safe Station - Overnight Coverage.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to allocate funds from the Contingency Account for Safe Station overnight support;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

**By adding:**

2017 CIP 411517 – Safe Station - Overnight Coverage - \$10,000 Other

Resolved, that this Resolution shall take effect upon its passage.



# CITY OF MANCHESTER

## PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management  
Building Regulations  
Community Improvement Program  
Zoning Board of Adjustment

Leon L. LaFreniere, AICP  
Director

Pamela H. Goucher, AICP  
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.  
Deputy Director - Building Regulations

### MEMORANDUM

To: Alderman Bill Shea,  
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP  
Director, Planning and Community Development

Date: September 25, 2016

Re: Police Department - CIP #411717 – Manchester Family Justice Center

### New Funding

---

The Police Department has notified us that the City has received new funding from the United States Department of Justice totaling \$450,000 to address domestic violence in partnership with the YWCA, Manchester Community Health Center, Manchester Community Resource Center and Easter Seals New Hampshire.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program initiation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

### CIP BUDGET AUTHORIZATION

CIP#: 411717	Project Year: 2017	CIP Resolution: 5/17/2016
Title: Manchester Family Justice Center	Amending Resolution: 10/18/2016	
Administering Department: Police Department	Revision:	

**Project Description:** Funding for the Manchester family Justice Center will allow the City of Manchester to ensure victim safety and offender accountability through the development of a central location for services. Domestic violence services will be provided in partnership with the YWCA, Manchester Community Health Center, Manchester Community Resource Center and Easter Seals New Hampshire.

<b>Federal Grants</b>	Federal Grant: Yes	<b>Environmental</b>	Review Required: No
	Grant Executed:		Completed:

#### Critical Events

1. Program Initiation	10/1/2016
2. Program Completion	9/30/2019
3.	
4.	
5.	
	9/30/2019

#### Line Item Budget

	FEDERAL			TOTAL
Salaries and Wage	\$64,646.00	\$0.00	\$0.00	\$64,646.00
Fringes	\$17,028.00	\$0.00	\$0.00	\$17,028.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$368,326.00	\$0.00	\$0.00	\$368,326.00
<b>TOTAL</b>	<b>\$450,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$450,000.00</b>

#### Revisions:


#### Comments:

Funds received from the U.S. department of Justice. Program initiation and completion dates determined by the grantor.

# City of Manchester New Hampshire

*In the year Two Thousand and Sixteen*

## A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Four Hundred Fifty Thousand Dollars (\$450,000) for the FY 2017 CIP 411717 Manchester Family Justice Center.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds in the amount of \$450,000 from the U.S. Department of Justice Office on Violence Against Women to address domestic violence in partnership with various community agencies;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

**By adding:**

2017 CIP 411717 – Manchester Family Justice Center - \$450,000 Federal

Resolved, that this Resolution shall take effect upon its passage.

*Chief of Police*  
Enoch F. Willard  
*Assistant Chief*  
Carlo T. Capano



*Commission*  
Mark E. Roy, *Chairman*  
William M. Clifford  
Eva Castillo-Turgeon  
Steven J. Spain  
Scott R. Spradling

**CITY OF MANCHESTER**  
*Police Department*

September 16, 2016

To: Todd Fleming  
From: Steve Hoeft, BSO  
Re: Manchester Family Justice Center

Attached is the Department of Justice, Office on Violence Against Women Grant Award in the amount of \$450,000.00 for Manchester Family Justice Center. This grant addresses domestic violence and in partnership with the YWCA, Manchester Community Health Center, Manchester Community Resource Center, and Easter Seals New Hampshire.

The dates for this grant is 10/1/16 to 9/30/19.

The funds breakdown is as follows:

Overtime	-	\$ 64,646.00
Fringes	-	\$ 17,028.00
Other	-	\$368,326.00

Please process this as a project for approval.

Sincerely,

Steven L. Hoeft  
Business Service Officer

Michael L. Briggs Public Safety Building  
405 Valley Street • Manchester, New Hampshire 03103 • (603) 668-8711 • FAX: (603) 668-8941  
E-mail: [ManchesterPD@manchesternh.gov](mailto:ManchesterPD@manchesternh.gov) • Website: [www.manchesterpd.com](http://www.manchesterpd.com)

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY





U.S. Department of Justice  
Office on Violence Against Women

Grant

PAGE 1 OF 10

1. RECIPIENT NAME AND ADDRESS (Including Zip Code)

City of Manchester  
One City Hall Plaza  
Manchester, NH 03101-2081

4. AWARD NUMBER 2016-WE-AX-0023

5. PROJECT PERIOD FROM 10/01/2016 TO 09/30/2019

BUDGET PERIOD FROM 10/01/2016 TO 09/30/2019

6. AWARD DATE 09/13/2016

7. ACTION

2a. GRANTEE IRS/VENDOR NO  
026000517

8. SUPPLEMENT NUMBER  
00

Initial

2b. GRANTEE DUNS NO  
604507046

9. PREVIOUS AWARD AMOUNT

\$ 0

3. PROJECT TITLE

Funding for the Manchester Family Justice Center (MFJC) will allow the City of Manchester to ensure victim safety and offender accountability through the development of a central location for services

10. AMOUNT OF THIS AWARD

\$ 450,000

11. TOTAL AWARD

\$ 450,000

12. SPECIAL CONDITIONS

THE ABOVE GRANT PROJECT IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS ARE SET FORTH ON THE ATTACHED PAGE(S).

13. STATUTORY AUTHORITY FOR GRANT

This project is supported under 42 U.S.C. §§ 3796hh-3796hh-4 (OVW- Improving Criminal Justice Responses Program, also known as Arrest Program)

14. CATALOG OF DOMESTIC FEDERAL ASSISTANCE (CFDA Number)

16.590 - Improving Criminal Justice Responses Grant Program also known as the Arrest Program

15. METHOD OF PAYMENT

GPRS

AGENCY APPROVAL

GRANTEE ACCEPTANCE

16. TYPED NAME AND TITLE OF APPROVING OFFICIAL

Bea Hanson  
Principal Deputy Director

18. TYPED NAME AND TITLE OF AUTHORIZED GRANTEE OFFICIAL

Theodore Gatsas  
Mayor

17. SIGNATURE OF APPROVING OFFICIAL

19. SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL

19A. DATE

  
9/14/16

AGENCY USE ONLY

20. ACCOUNTING CLASSIFICATION CODES

FISCAL YEAR	FUND CODE	BUD ACT	DIV. OFC.	REG.	SUB.	POMS	AMOUNT
X	A	W4	29	00	00		450000

21. W416D00036

OJP FORM 4000-2 (REV. 5-87) PREVIOUS EDITIONS ARE OBSOLETE.

OJP FORM 4000-2 (REV. 4-88)



AWARD CONTINUATION  
SHEET  
Grant

PROJECT NUMBER 2016-WE-AX-0023

AWARD DATE 09 13 2016

*SPECIAL CONDITIONS*

1. Applicability of Part 200 Uniform Requirements and DOJ Grants Financial Guide

The recipient agrees to comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements in 2 C.F.R. Part 200, as adopted and supplemented by the Department of Justice (DOJ) in 2 C.F.R. Part 2800 (together, the "Part 200 Uniform Requirements"), and the current edition of the DOJ Grants Financial Guide as posted on the OVW website to include any amendments made throughout the course of the grant period.

2. Requirement to report potentially duplicative funding

If the recipient currently has other active awards of federal funds, or if the recipient receives any other award of federal funds during the period of performance for this award, the recipient promptly must determine whether funds from any of those other federal awards have been, are being, or are to be used (in whole or in part) for one or more of the identical cost items for which funds are provided under this award. If so, the recipient must promptly notify the DOJ awarding agency (OJP or OVW, as appropriate) in writing of the potential duplication, and, if so requested by DOJ awarding agency, must seek a budget-modification or change-of-project-scope grant adjustment notice (GAN) to eliminate any inappropriate duplication of funding.

3. Requirements related to System for Award Management and Unique Entity Identifiers

The recipient must comply with applicable requirements regarding the System for Award Management (SAM), currently accessible at <http://www.sam.gov>. This includes applicable requirements regarding registration with SAM, as well as maintaining the currency of information in SAM.

The recipient also must comply with applicable restrictions on subawards ("subgrants") to first-tier subrecipients (first-tier "subgrantees"), including restrictions on subawards to entities that do not acquire and provide (to the recipient) the unique entity identifier required for SAM registration.

The details of the recipient's obligations related to SAM and to unique entity identifiers are posted on the OVW web site at <https://www.justice.gov/ovw/grantees> (Award condition: Registration with the System for Award Management (SAM) and Universal Identifier Requirements), and are incorporated by reference here.

This special condition does not apply to an award to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own or operate in his or her name).

4. Requirements pertaining to prohibited conduct related to trafficking in persons (including reporting requirements and OVW authority to terminate award)

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable requirements (including requirements to report allegations) pertaining to prohibited conduct related to the trafficking of persons, whether on the part of recipients, subrecipients ("subgrantees"), or individuals defined (for purposes of this condition) as "employees" of the recipient or of any subrecipient.

The details of the recipient's obligations related to prohibited conduct related to trafficking in persons are posted on the OVW web site at <https://www.justice.gov/ovw/grantees> (Award condition: Prohibited conduct by recipients and subrecipients related to trafficking in persons (including reporting requirements and OVW authority to terminate award)), and are incorporated by reference here.

*J.G.*



AWARD CONTINUATION  
SHEET  
Grant

PROJECT NUMBER 2016-WE-AX-0023

AWARD DATE 09/13/2016

*SPECIAL CONDITIONS*

5. Compliance with applicable rules regarding approval, planning, and reporting of conferences, meetings, trainings, and other events

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable laws, regulations, policies, and official DOJ guidance (including specific cost limits, prior approval and reporting requirements, where applicable) governing the use of federal funds for expenses related to conferences (as that term is defined by DOJ), including the provision of food and/or beverages at such conferences, and costs of attendance at such conferences.

Information on the pertinent DOJ definition of conferences and the rules applicable to this award appears in the DOJ Grants Financial Guide as posted on the OVW website.

6. OVW Training Guiding Principles

The recipient understands and agrees that any training or training materials developed or delivered with funding provided under this award must adhere to the OVW Training Guiding Principles for Grantees and Subgrantees, available at <https://www.justice.gov/ovw/grantees>.

7. Effect of failure to address audit issues

The recipient understands and agrees that the DOJ awarding agency (OJP or OVW, as appropriate) may withhold award funds, or may impose other related requirements, if (as determined by the DOJ awarding agency) the recipient does not satisfactorily and promptly address outstanding issues from audits required by the Part 200 Uniform Requirements (or by the terms of this award), or other outstanding issues that arise in connection with audits, investigations, or reviews of DOJ awards.

8. The recipient agrees to comply with any additional requirements that may be imposed by the DOJ awarding agency (OJP or OVW, as appropriate) during the period of performance for this award, if the recipient is designated as "high-risk" for purposes of the DOJ high-risk grantee list.

9. Compliance with DOJ regulations pertaining to civil rights and nondiscrimination - 28 C.F.R. Part 42

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable requirements of 28 C.F.R. Part 42, specifically including any applicable requirements in Subpart E of 28 C.F.R. Part 42 that relate to an equal employment opportunity program.

10. Compliance with DOJ regulations pertaining to civil rights and nondiscrimination - 28 C.F.R. Part 38

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable requirements of 28 C.F.R. Part 38, specifically including any applicable requirements regarding written notice to program beneficiaries and prospective program beneficiaries. Part 38 of 28 C.F.R., a DOJ regulation, was amended effective May 4, 2016.

Among other things, 28 C.F.R. Part 38 includes rules that prohibit specific forms of discrimination on the basis of religion, a religious belief, a refusal to hold a religious belief, or refusal to attend or participate in a religious practice. Part 38 also sets out rules and requirements that pertain to recipient and subrecipient ("subgrantee") organizations that engage in or conduct explicitly religious activities, as well as rules and requirements that pertain to recipients and subrecipients that are faith-based or religious organizations.

The text of the regulation, now entitled "Partnerships with Faith-Based and Other Neighborhood Organizations," is available via the Electronic Code of Federal Regulations (currently accessible at <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>), by browsing to Title 28-Judicial Administration, Chapter I, Part 38, under e-CFR "current" data.

*J.G.*



AWARD CONTINUATION  
SHEET  
Grant

PROJECT NUMBER 2016-WE-AX-0023

AWARD DATE 09/13/2016

*SPECIAL CONDITIONS*

11. Restrictions on "lobbying" and Policy Development

Federal funds may not be used by the recipient, or any subrecipient ("subgrantee") at any tier, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government without the express prior written approval of OVW, in order to avoid violation of 18 U.S.C. 1913. The recipient, or any subrecipient ("subgrantee") may, however, use federal funds to collaborate with and provide information to federal, state, local, tribal and territorial public officials and agencies to develop and implement policies and develop and promote state, local, or tribal legislation or model codes designed to reduce or eliminate domestic violence, dating violence, sexual assault, and stalking (as those terms are defined in 42 U.S.C. 13925(a)) when such collaboration and provision of information is consistent with the activities otherwise authorized under this grant program.

12. Compliance with general appropriations-law restrictions on the use of federal funds (FY 2016)

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable restrictions on the use of federal funds set out in federal appropriations statutes. Pertinent restrictions, including from various "general provisions" in the Consolidated Appropriations Act, 2016, are set out at <https://www.justice.gov/ovw/grantees>, and are incorporated by reference here.

Should a question arise as to whether a particular use of federal funds by a recipient (or a subrecipient) would or might fall within the scope of an appropriations-law restriction, the recipient is to contact OVW for guidance, and may not proceed without the express prior written approval of OVW.

13. Reporting Potential Fraud, Waste, and Abuse, and Similar Misconduct

The recipient and any subrecipients ("subgrantees") must promptly refer to the DOJ Office of the Inspector General (OIG) any credible evidence that a principal, employee, agent, subrecipient, contractor, subcontractor, or other person has, in connection with funds under this award -- (1) submitted a claim that violates the False Claims Act; or (2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct.

Potential fraud, waste, abuse, or misconduct involving or relating to funds under this award should be reported to the OIG by-- (1) mail directed to: Office of the Inspector General, U.S. Department of Justice, Investigations Division, 950 Pennsylvania Avenue, N.W. Room 4706, Washington, DC 20530; (2) e-mail to: [oig.hotline@usdoj.gov](mailto:oig.hotline@usdoj.gov); and/or (3) the DOJ OIG hotline: (contact information in English and Spanish) at (800) 869-4499 (phone) or (202) 616-9881 (fax).

Additional information is available from the DOJ OIG website at <http://www.usdoj.gov/oig>.

*J. G.*



AWARD CONTINUATION  
SHEET  
Grant

PROJECT NUMBER 2016-WE-AX-0023

AWARD DATE 09 13 2016

*SPECIAL CONDITIONS*

14. Restrictions and certifications regarding non-disclosure agreements and related matters

No recipient or subrecipient ("subgrantee") under this award, or entity that receives a procurement contract or subcontract with any funds under this award, may require any employee or contractor to sign an internal confidentiality agreement or statement that prohibits or otherwise restricts, or purports to prohibit or restrict, the reporting (in accordance with law) of waste, fraud, or abuse to an investigative or law enforcement representative of a federal department or agency authorized to receive such information.

The foregoing is not intended, and shall not be understood by the agency making this award, to contravene requirements applicable to Standard Form 312 (which relates to classified information), Form 4414 (which relates to sensitive compartmented information), or any other form issued by a federal department or agency governing the nondisclosure of classified information.

1. In accepting this award, the recipient--

a. represents that it neither requires nor has required internal confidentiality agreements or statements from employees or contractors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or contractors from reporting waste, fraud, or abuse as described above; and

b. certifies that, if it learns or is notified that it is or has been requiring its employees or contractors to execute agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, it will immediately stop any further obligations of award funds, will provide prompt written notification to the federal agency making this award, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by that agency.

2. If the recipient does or is authorized under this award to make subawards ("subgrants"), procurement contracts, or both--

a. it represents that--

(1) it has determined that no other entity that the recipient's application proposes may or will receive award funds (whether through a subaward ("subgrant"), procurement contract, or subcontract under a procurement contract) either requires or has required internal confidentiality agreements or statements from employees or contractors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or contractors from reporting waste, fraud, or abuse as described above; and

(2) it has made appropriate inquiry, or otherwise has an adequate factual basis, to support this representation; and

b. it certifies that, if it learns or is notified that any subrecipient, contractor, or subcontractor entity that receives funds under this award is or has been requiring its employees or contractors to execute agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, it will immediately stop any further obligations of award funds to or by that entity, will provide prompt written notification to the federal agency making this award, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by that agency.

J. G.



AWARD CONTINUATION  
SHEET  
Grant

PROJECT NUMBER 2016-WE-AX-0023

AWARD DATE 09/13/2016

*SPECIAL CONDITIONS*

15. Compliance with 41 U.S.C. 4712 (including prohibitions on reprisal; notice to employees)

The recipient must comply with, and is subject to, all applicable provisions of 41 U.S.C. 4712, including all applicable provisions that prohibit, under specified circumstances, discrimination against an employee as reprisal for the employee's disclosure of information related to gross mismanagement of a federal grant, a gross waste of federal funds, an abuse of authority relating to a federal grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal grant.

The recipient also must inform its employees, in writing (and in the predominant native language of the workforce), of employee rights and remedies under 41 U.S.C. 4712.

Should a question arise as to the applicability of the provisions of 41 U.S.C. 4712 to this award, the recipient is to contact the DOJ awarding agency (OJP or OVW, as appropriate) for guidance.

16. Encouragement of policies to ban text messaging while driving

Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009), DOJ encourages recipients and subrecipients ("subgrantees") to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this award, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.

17. The grantee agrees to follow the applicable set of general terms and conditions which are available at <http://www.justice.gov/ovw/grantees>. These do not supersede any specific conditions in this award document.

18. The Violence Against Women Reauthorization Act of 2013 added a new civil rights provision that applies to all OVW grants issued in FY 2014 or after. This provision prohibits OVW grantees from excluding, denying benefits to, or discriminating against any person on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability in any program or activity funded in whole or in part by OVW. The grantee acknowledges that it will comply with this provision.

19. The recipient acknowledges that they are responsible for maintaining updated contact information in the Grants Management System. To update information in GMS for either the point of contact and/or the authorized representative, grantees must submit a Grant Adjustment Notice.

20. The grantee agrees that funds will be used to supplement, not supplant, non-federal funds that would otherwise be available for the activities under this grant.

21. The grantee agrees to comply with all relevant statutory and regulatory requirements which may include, among other relevant authorities, the Violence Against Women Act of 1994, P.L. 103-322, the Violence Against Women Act of 2000, P.L. 106-386, the Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3711 et seq., the Violence Against Women and Department of Justice Reauthorization Act of 2005, P.L. 109-162, the Violence Against Women Reauthorization Act of 2013, P.L. 113-4, and OVW's implementing regulations at 28 CFR Part 90.

22. The grantee must be in compliance with specifications outlined in the solicitation under which the approved application was submitted. The program solicitation is hereby incorporated by reference into this award.

23. The recipient understands and agrees that misuse of award funds may result in a range of penalties, including suspension of current and future funds, suspension or debarment from federal grants, recoupment of monies provided under an award, and civil and/or criminal penalties.



U.S. Department of Justice  
Office on Violence Against Women

AWARD CONTINUATION  
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PROJECT NUMBER 2016-WI-AX-0023

AWARD DATE 09/13/2016

*SPECIAL CONDITIONS*

24. Grant funds may be used only for the purposes in the recipient's approved application. The recipient shall not undertake any work or activities that are not described in the grant application, and that use staff, equipment, or other goods or services paid for with OVW grant funds, without prior written approval from OVW.
25. The Director of OVW, upon a finding that there has been substantial failure by the recipient to comply with applicable laws, regulations, and/or the terms and conditions of the award or relevant solicitation, will terminate or suspend until the Director is satisfied that there is no longer such failure, all or part of the award, in accordance with the provisions of 28 CFR Part 18, as applicable *mutatis mutandis*.
26. The grantee agrees to comply with the provisions of 42 U.S.C. 13925(b)(2), nondisclosure of confidential or private information, which includes creating and maintaining documentation of compliance, such as policies and procedures for release of victim information. The grantee also agrees to ensure that any subgrantees meet these requirements.
27. The grantee agrees to submit semiannual progress reports that describe project activities during the reporting period. Progress reports must be submitted within 30 days after the end of the reporting periods, which are January 1 - June 30 and July 1 - December 31 for the duration of the award. Future awards may be withheld if progress reports are delinquent. Grantees are required to submit this information online, through the Grants Management System (GMS), on the semi-annual progress report for the relevant OVW grant programs.
28. Under the Government Performance and Results Act (GPRA), VAWA 2000 and subsequent legislation, grantees are required to collect and maintain data that measure the effectiveness of their grant-funded activities. Accordingly, the grantee agrees to submit semi-annual electronic progress reports on program activities and program effectiveness measures. Grantees are required to collect the information that is included on the Measuring Effectiveness Progress Report for the OVW Program under which this award is funded.
29. A final report, which provides a summary of progress toward achieving the goals and objectives of the award, significant results, and any products developed under the award, is due 90 days after the end of the award. The Final Progress Report should be submitted to the Office on Violence Against Women through the Grants Management System with the Report Type indicated as "Final".
30. The recipient agrees that it will submit quarterly financial status reports to OVW on-line (at <https://grants.ojp.usdoj.gov>) using the SF 425 Federal Financial Report form (available for viewing at [www.whitehouse.gov/omb/grants/standard\\_forms/ff\\_report.pdf](http://www.whitehouse.gov/omb/grants/standard_forms/ff_report.pdf)), not later than 30 days after the end of each calendar quarter. The final report shall be submitted not later than 90 days following the end of the award period.
31. Funds allocated for OVW-sponsored technical assistance may not be used for any other purpose without prior approval by OVW. To request approval, grantees must submit a Program Office Approval Grant Adjustment Notice (GAN) via the Grants Management System (GMS). The grantee must include a copy of the event's brochure, curriculum and/or agenda, a description of the hosts or trainers, and an estimated breakdown of costs should be attached to the GAN. The GAN request must be submitted to OVW at least 20 days prior to registering for the event. Approval to attend non-OVW sponsored events will be considered on a case-by-case basis. This prior approval process also applies to requests for the use of OVW-designated technical assistance funds to pay a consultant or contractor not designated as an OVW technical assistance provider to develop and/or provide training and/or technical assistance.
32. The grantee agrees to attend and participate in OVW-sponsored technical assistance. Technical assistance includes, but is not limited to, national and regional conferences, audio conferences, webinars, peer-to-peer consultations, and workshops conducted by OVW-designated technical assistance providers. All training will be coordinated by OVW-designated technical assistance providers.

*J.G.*



AWARD CONTINUATION  
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*SPECIAL CONDITIONS*

33. First-time grantees, or continuation grantees if requested, must agree to have key staff members, as identified by OVW, attend the OVW grantee orientation seminar, which may be offered in-person, online, or a combination of both. Additionally, if there is a change in the project director/coordinator during the grant period, the grantee agrees, at the earliest opportunity, to send the new project director/coordinator, regardless of prior experience with this or any other federal award, to an OVW grantee orientation seminar or require completion of the orientation online, whichever is available.
34. Approval of this award does not indicate approval of any consultant rate in excess of \$650 per day or \$81.25 per hour. A detailed justification must be submitted to and approved by the Office on Violence Against Women prior to obligation or expenditure of such funds. Although prior approval is not required for consultant rates below these specified amounts, grantees are required to maintain documentation to support all daily or hourly rates.
35. The recipient agrees to submit one copy of all required reports and any other written materials or products that are developed by the grantee or project partners and funded under the project to OVW not less than twenty (20) days prior to public release. If the written material is found to be outside the scope of the program, or in some way to compromise victim safety, it will need to be revised to address these concerns or the grantee will not be allowed to use project funds to support the further development or distribution of the materials.
36. All materials and publications (written, visual, or sound) resulting from award activities shall contain the following statements: "This project was supported by Grant No. \_\_\_\_\_ awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women."
37. The grantee agrees that grant funds will not support activities that compromise victim safety and recovery, such as: procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived sex, age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or sex of their children; procedures or policies that compromise the confidentiality of information and privacy of persons receiving OVW-funded services; pre-trial diversion programs not approved by OVW or the placement of offenders in such programs; mediation, couples counseling, family counseling or any other manner of joint victim-offender counseling; mandatory counseling for victims, penalizing victims who refuse to testify, or promoting procedures that would require victims to seek legal sanctions against their abusers (e.g., seek a protection order, file formal complaint); the placement of perpetrators in anger management programs; or any other activities outlined in the solicitation under which the approved application was submitted.
38. The grantee agrees to submit for OVW review and approval any anticipated addition of, removal of, or change in collaborating partner agencies or individuals who are signatories of the Memorandum of Understanding, and if applicable, the Internal Memorandum of Agreement.



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PROJECT NUMBER 2016-WE-AX-0023

AWARD DATE 09 13 2016

*SPECIAL CONDITIONS*

39. Pursuant to 2 CFR §200.315(b), the recipient may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under this award. The Office on Violence Against Women reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish or otherwise use the work, in whole or in part (including in the creation of derivative works), for Federal purposes, and to authorize others to do so.

The Office on Violence Against Women also reserves a royalty-free, nonexclusive and irrevocable right to reproduce publish or otherwise use, in whole or in part (including in the creation of derivative works), any work developed by a subrecipient of this award, for Federal purposes, and to authorize others to do so.

In addition, the recipient (or subrecipient, contractor or subcontractor) must obtain advance written approval from the Office on Violence Against Women program manager assigned to this award, and must comply with all conditions specified by the program manager in connection with that approval, before: 1) using award funds to purchase ownership of, or a license to use, a copyrighted work; or 2) incorporating any copyrighted work, or portion thereof, into a new work developed under this award.

It is the responsibility of the recipient (and of each subrecipient, contractor or subcontractor as applicable) to ensure that this condition is included in any subaward, contract or subcontract under this award.

40. The recipient agrees to comply with applicable requirements to report first-tier subawards of \$25,000 or more and, in certain circumstances, to report the names and total compensation of the five most highly compensated executives of the recipient and first-tier subrecipients of award funds. Such data will be submitted to the FFATA Subaward Reporting System (FSRS). The details of recipient obligations, which derive from the Federal Funding Accountability and Transparency Act of 2006 (FFATA), are posted on the Office on Violence Against Women web site at: <http://www.ovw.usdoj.gov/docs/ffata-award-term.pdf> (Award condition: Reporting Subawards and Executive Compensation), and are incorporated by reference here. This condition, and its reporting requirement, does not apply to grant awards made to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own and/or operate in his or her name).

41. Pursuant to 42 USC 3796hh(d), the grantee understands that 5% of this award is being withheld and that it may not obligate, expend or drawdown that 5% unless, by the period ending on the date on which the next session of the State legislature ends, the State or unit of local government:

(I) certifies that it has a law, policy, or regulation that requires -

(A) the State or unit of local government at the request of a victim to administer to a defendant, against whom an information or indictment is presented for a crime in which by force or threat of force the perpetrator compels the victim to engage in sexual activity, testing for the immunodeficiency virus (HIV) not later than 48 hours after the date on which the information or indictment is presented and the defendant is in custody or has been served with the information or indictment;

(B) as soon as practicable notification to the victim, or parent and guardian of the victim, and defendant of the testing results; and

(C) follow-up tests for HIV as may be medically appropriate, and that as soon as practicable after each such test the results be made available in accordance with subparagraph (B).

The "next session of the State legislature" means the next session after the date on which the application for this award was submitted.

If the grantee submits a certification, a Grant Adjustment Notice (GAN) will be issued, and the funds will become available for drawdown. If, by the date on which the next session of the State legislature ends, the grantee is not in compliance with this provision, the withheld funds will be deobligated from the amount of funds awarded for this award period.



U.S. Department of Justice  
Office on Violence Against Women

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**Grant**

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PROJECT NUMBER 2016-WF-AX-0023

AWARD DATE 09-13-2016

*SPECIAL CONDITIONS*

42. The grantee agrees to use grant funds to strengthen legal advocacy service programs for victims of domestic violence, dating violence, sexual assault and stalking, including strengthening assistance to such victims in immigration matters. Grant funds may not be used to provide long-term or short-term legal representation.
43. The grantee agrees that funds will not be used for prevention activities (e.g., outreach to elementary and secondary schools, implementation of educational programs regarding domestic and dating violence intervention, and public awareness campaigns). The grantee may use funds to provide outreach regarding the specific services offered under the grant.
44. The recipient's budget is pending review and approval. The recipient may obligate, expend and draw down funds for travel related expenses to attend OVW-sponsored technical assistance events up to \$10,000, unless there is another condition on the award prohibiting obligation, expenditure, and drawdown of any funds in which case the condition prohibiting any obligation, expenditure or drawdown of funds will control. Remaining funds will not be available for draw down until the Office on Violence Against Women, Grants Financial Management Division has approved the budget and budget narrative, and a Grant Adjustment Notice has been issued removing this special condition. Any obligations or expenditures incurred by the recipient prior to the budget being approved are made at the recipient's own risk. If applicable, the Indirect Cost Rate will be identified in the Grant Adjustment Notice when the budget is approved.

*J.G.*



# CITY OF MANCHESTER

## PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management  
Building Regulations  
Community Improvement Program  
Zoning Board of Adjustment

Leon L. LaFreniere, AICP  
Director

Pamela H. Goucher, AICP  
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.  
Deputy Director - Building Regulations

### MEMORANDUM

To: Alderman Bill Shea,  
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP  
Director, Planning and Community Development

Date: September 25, 2016

Re: Police Department - CIP #411817 – Opioid Abuse Reduction Initiative

### New Funding

---

The Police Department has notified us that the City has received new funding from the State of New Hampshire Highway Safety Agency totaling \$395,059 for operations related to the reduction of opioid use in the community.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program initiation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

### CIP BUDGET AUTHORIZATION

CIP#: 411817	Project Year: 2017	CIP Resolution: 5/17/2016	
Title: Opioid Abuse Reduction Initiative		Amending Resolution: 10/18/2016	
Administering Department: Police Department		Revision:	

**Project Description:** Funds are used for the purpose of investigating and apprehending individuals or organizations that are involved in opioid related drug use and trafficking.

<b>Federal Grants</b>	Federal Grant: No	<b>Environmental</b>	Review Required: No
	Grant Executed:		Completed:

#### Critical Events

1. Program Initiation	10/1/2016
2. Program Completion	6/30/2017
3.	
4.	
5.	
	6/30/2017

#### Line Item Budget

	STATE			TOTAL
Salaries and Wage	\$309,036.00	\$0.00	\$0.00	\$309,036.00
Fringes	\$86,023.00	\$0.00	\$0.00	\$86,023.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$395,059.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$395,059.00</b>

#### Revisions:

**Comments:** Funds received from the State of New Hampshire Highway Safety Agency. Program initiation and completion dates determined by the grantor.

# City of Manchester New Hampshire

*In the year Two Thousand and Sixteen*

## A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Three Hundred Ninety Five Thousand Fifty Nine Dollars (\$395,059) for the FY 2017 CIP 411817 Opioid Abuse Reduction Initiative.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds in the amount of \$395,059 from the State of New Hampshire Highway Safety Agency to address opioid abuse in the community;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

**By adding:**

2017 CIP 411817 Opioid Abuse Reduction Initiative - \$395,059 State

Resolved, that this Resolution shall take effect upon its passage.

*Chief of Police*  
Enoch F. Willard  
*Assistant Chief*  
Carlo T. Capano



*Commission*  
Mark E. Roy, *Chairman*  
William M. Clifford  
Eva Castillo-Turgeon  
Steven J. Spain  
Scott R. Spradling

**CITY OF MANCHESTER**  
*Police Department*

September 19, 2016

To: Todd Fleming  
From: Steve Hoeft, BSO  
  
Re: Opioid Abuse Reduction Initiative

Attached is the State of New Hampshire, Department of Safety Grant Award in the amount of \$395,058.60 for the Opioid Abuse Reduction Initiative.

The dates for this grant is 10/1/16 to 6/30/17.

The funds breakdown is as follows:

Overtime	-	\$309,035.40
Fringes	-	\$ 86,023.20

Please process this as a project for approval.

Sincerely,

  
Steven L. Hoeft  
Business Service Officer

Michael L. Briggs Public Safety Building  
405 Valley Street • Manchester, New Hampshire 03103 • (603) 668-8711 • FAX: (603) 668-8941  
E-mail: [ManchesterPD@manchesternh.gov](mailto:ManchesterPD@manchesternh.gov) • Website: [www.manchesterpd.com](http://www.manchesterpd.com)

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY



# GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby mutually agree as follows:

## GENERAL PROVISIONS

### 1. Identification and Definitions.

<b>1.1. State Agency Name</b> NH Department of Safety Division of State Police		<b>1.2. State Agency Address</b> 33 Hazen Drive Concord, NH 03305	
<b>1.3. Grantee Name</b> City of Manchester Police Department		<b>1.4. Grantee Address</b> 405 Valley Street, Manchester, NH 03103	
<b>1.5. Effective Date</b> G&C Approval	<b>1.6. Completion Date</b> 6/30/2017	<b>1.7. Audit Date</b> N/A	<b>1.8. Grant Limitation</b> \$395,058.60
<b>1.9. Grant Officer for State Agency</b> Pamela Urban-Morin		<b>1.10. State Agency Telephone Number</b> (603) 271-7663	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
<b>1.11. Grantee Signature 1</b>		<b>1.12. Name &amp; Title of Grantee Signor 1</b> Enoch F. Willard, Chief of Police	
<b>Grantee Signature 2</b>		<b>Name &amp; Title of Grantee Signor 2</b> Theodore L. Gatsas, Mayor	
<b>Grantee Signature 3</b>		<b>Name &amp; Title of Grantee Signor 3</b>	
<b>1.13. Acknowledgment:</b> State of New Hampshire, County of Hillsborough, on / / , before the undersigned officer, personally appeared the person identified in block 1.12., known to me (or satisfactorily proven) to be the person whose name is signed in block 1.11., and acknowledged that he executed this document in the capacity indicated in block 1.12.			
<b>1.13.1. Signature of Notary Public or Justice of the Peace</b> (Seal)			
<b>1.13.2. Name &amp; Title of Notary Public or Justice of the Peace</b>			
<b>1.14. State Agency Signature(s)</b>		<b>1.15. Name &amp; Title of State Agency Signor(s)</b> Steven Lavoie, Director of Administration	
<b>1.16. Approval by Attorney General (Form, Substance and Execution)</b>  By: Assistant Attorney General, On: / /			
<b>1.17. Approval by Governor and Council</b>  By: On: / /			

2. **SCOPE OF WORK:** In exchange for grant funds provided by the state of New Hampshire, acting through the agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-P:66, the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.
  4. EFFECTIVE DATE: COMPLETION OF PROJECT.
    - 4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date in block 1.5 or on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire whichever is later (hereinafter referred to as "the effective date").
    - 4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in its entirety prior to the date in block 1.6 (hereinafter referred to as "the Completion Date").
  5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.
    - 5.1. The Grant Amount is identified and more particularly described in EXHIBIT B, attached hereto.
    - 5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT B.
    - 5.3. In accordance with the provisions set forth in EXHIBIT B, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through -Z.
    - 5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.
    - 5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.
  6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits.
  7. RECORDS and ACCOUNTS
    - 7.1. Between the Effective Date and the date seven (7) years after the Completion Date the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.
    - 7.2. Between the Effective Date and the date seven (7) years after the Completion Date, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these general provisions.
  8. PERSONNEL
    - 8.1. The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.
    - 8.2. The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.
    - 8.3. The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.
  9. DATA: RETENTION OF DATA: ACCESS
    - 9.1. As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, paper, and documents, all whether finished or unfinished.
- 9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.
  - 9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.
  - 9.4. On and after the Effective Date, all data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.
  - 9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.
- CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.
- EVENT OF DEFAULT: REMEDIES
11. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):
    - 11.1.1 Failure to perform the Project satisfactorily or on schedule; or
    - 11.1.2 Failure to submit any report required hereunder; or
    - 11.1.3 Failure to maintain, or permit access to, the records required hereunder; or
    - 11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.
  - 11.2. Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
    - 11.2.1 Give the Grantee a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Grantee notice of termination; and
    - 11.2.2 Give the Grantee a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Grant Amount which would otherwise accrue to the grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and
    - 11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and
    - 11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.
- TERMINATION
- 12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.
  - 12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.
  - 12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.
  - 12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.
- CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

- approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.
14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.
15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit A without the prior written consent of the State.
16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State's officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or Subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.
17. INSURANCE AND BOND.
- 17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:
- 17.1.1 Statutory workmen's compensation and employees liability insurance for all employees engaged in the performance of the Project, and
- 17.1.2 Comprehensive public liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$2,000,000 for bodily injury or death any one incident, and \$500,000 for property damage in any one incident; and
- 17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation or modification of the policy earlier than ten (10) days after written notice thereof has been received by the State.
18. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Grantee.
19. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses first above given.
20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire.
21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intent of the parties hereto.
22. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.
23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.
24. SPECIAL PROVISIONS. The additional provisions set forth in Exhibit C hereto are incorporated as part of this agreement.

## **EXHIBIT A**

### **SCOPE OF SERVICES**

1. The Department of Safety, Division of State Police (hereinafter referred to as “the State”) is awarding the City of Manchester Police Department (hereinafter referred to as “the Grantee”) \$395,058.60 for the purpose of investigating and apprehending individuals or organizations that are involved in opioid related drug use and trafficking.
2. “The Grantee” agrees that the project grant period ends June 30, 2017 and that all expenses must be incurred and paid prior to this date and reimbursement requests submitted on form DSAD 69 must be submitted to the Department of Safety, Grants Management Unit, prior to June 15, 2017.
3. “The Grantee” agrees to comply with all applicable federal and state laws, rules, regulations, and requirements.
4. “The Grantee”, is responsible for the overall direction and assignment of all grant funded activities.
5. The grant application as submitted by “the Grantee” is hereby fully incorporated into this grant agreement.

**EXHIBIT B**  
**GRANT AMOUNT AND METHOD OF PAYMENT**

1. Grant Amount: \$395,058.60

2. Payment Schedule

- a. "The Grantee" agrees that the total payment by "the State" under this grant agreement shall be up to \$395,058.60
- b. "The State" shall reimburse up to \$395,058.60 to "the Grantee" upon "the State" receiving appropriate documentation of expended funds (i.e; copies of payroll documentation and proof of payment) submitted with form DSAD 69.
- c. "The Grantee" is responsible for the overall direction and assignment of all 2017 Law Enforcement Opioid Abuse Reduction Initiative (OARI) grant funded activities.

## **EXHIBIT C**

### **SPECIAL PROVISIONS**

1. Grant expenses must be incurred and paid prior to June 30, 2017. All grant reimbursement requests must be submitted prior to June 15, 2017 using form DSAD 69 to allow payment prior to June 30, 2017. Only expenses approved as outlined in Exhibit A and outlined in Saf-C 2904.02 Allowable Costs may be reimbursed. Reimbursement requests shall meet all requirements of Saf-C 2908 Administrative Requirements.
2. "The Grantee" shall maintain financial records, supporting documents, and all other pertinent records for a period of 3 years from the grant period end date per Saf-C 2909.01 Recordkeeping.



# CITY OF MANCHESTER

## PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management  
Building Regulations  
Community Improvement Program  
Zoning Board of Adjustment

Leon L. LaFreniere, AICP  
Director

Pamela H. Goucher, AICP  
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.  
Deputy Director - Building Regulations

### MEMORANDUM

To: Alderman Bill Shea,  
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP  
Director, Planning and Community Development

Date: September 26, 2016

Re: Health Department - CIP #210716 – Homeless Healthcare

### New Funding

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The Health Department has notified us that the City has received new funding from the United States Department of Health and Human Services Health Resources and Services Administration totaling \$42,015 to provide continuing support to the Healthcare for the Homeless Program/Mobile Community Health Team Project.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program continuation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

### CIP BUDGET AUTHORIZATION

CIP#: <input type="text" value="210716"/>	Project Year: <input type="text" value="2016"/>	CIP Resolution: <input type="text" value="6/9/2015"/>
Title: <input type="text" value="Homeless Healthcare"/>	Amending Resolution: <input type="text" value="10/18/2016"/>	
Administering Department: <input type="text" value="Health Department"/>	Revision: <input type="text" value="#3"/>	

**Project Description:** The Health Care for the Homeless Program/Mobile Community Health Team Project is a "clinic without walls" which provides onsite primary medical care, nursing case management, addiction counseling and health education to individuals and families who are homeless, at shelters and transitional housing programs in Manchester. The clinical team consists of one physician, two nurse practitioners, two nurses, one addiction counselor and a program assistant. The clinic is in session every weekday morning at New Horizons shelter and every Tuesday and Thursdays at Families In Transition.

<b>Federal Grants</b>	Federal Grant: <input type="text" value="Yes"/>	<b>Environmental</b>	Review Required: <input type="text" value="No"/>
	Grant Executed: <input type="text"/>		Completed: <input type="text"/>

#### Critical Events

1.	Project Initiation	7/1/2015
2.	Project Completion	2/29/2017
3.		
4.		
5.		
		2/29/2017

#### Line Item Budget

	FEDERAL			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$1,259,314.00	\$0.00	\$0.00	\$1,259,314.00
<b>TOTAL</b>	<b>\$1,259,314.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,259,314.00</b>

**Revisions:** #1 - Budget increased from \$672,442 to \$1,158,668 due to the receipt of additional funding. Completion date extended from 2/29/2016 to 10/31/2016. #2 - Budget increased from \$1,158,668 to \$1,217,299 due to the receipt of additional funding. Completion date extended from 10/31/2016 to 2/29/2017. #3 - Budget increased from \$1,217,299 from \$1,259,314 due to the receipt of additional funding.

**Comments:** Funds received from the United States Department of Health and Human Services Health Resources and Services Administration. Funds paid to Catholic Medical Center for Homeless Healthcare Services in Manchester. Grant initiation and completion dates determined by the grantor.

# City of Manchester New Hampshire

*In the year Two Thousand and Sixteen*

## A RESOLUTION

“Amending the FY 2016 Community Improvement Program, authorizing and appropriating funds in the amount of Forty Two Thousand Fifteen Dollars (\$42,015) for the FY2016 CIP 210716 Homeless Healthcare.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2016 CIP as contained in the 2016 CIP budget; and

WHEREAS, the 2016 CIP contains all sources of funds to be used in the execution of projects; and


WHEREAS, the Board of Mayor and Aldermen wishes to accept additional grant funds from the United States Department of Health and Human Services Health Resource and Services Administration to provide continuing funding for healthcare services for Manchester’s homeless.

NOW, THEREFORE, be it resolved that the 2016 CIP be amended as follows:

**By increasing:**

FY2016 CIP 210716 – Homeless Healthcare - \$42,015 Federal  
(from \$1,217,299 Federal to \$1,259,314 Federal)

Resolved, that this Resolution shall take effect upon its passage.

1. DATE ISSUED: 09/12/2016		2. PROGRAM CFDA: 93.224		 <p><b>NOTICE OF AWARD</b>          AUTHORIZATION (Legislation/Regulation)          Public Health Service Act, Title III, Section 330          Public Health Service Act, Section 330, 42 U.S.C. 254b          Affordable Care Act, Section 10503          Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.          Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended          Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended          Public Health Service Act, Section 330(e), 42 U.S.C. 254b          Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)          Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)          Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)          Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)</p>							
3. SUPERSEDES AWARD NOTICE dated: 08/15/2016 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>											
4a. AWARD NO.: 3 H80CS00002-15-05		4b. GRANT NO.: H80CS00002				5. FORMER GRANT NO.: H66CS00328					
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/28/2019											
7. BUDGET PERIOD: FROM: 03/01/2016 THROUGH: 02/28/2017											
8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER											
9. GRANTEE NAME AND ADDRESS: City of Manchester New Hampshire 1528 Elm St Manchester, NH 03101-1350 DUNS NUMBER: 790913636 BHCMIS # 010130				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Timothy M Soucy City of Manchester New Hampshire 1528 Elm St Manchester, NH 03101-1356							
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:							
a. Salaries and Wages : \$0.00 b. Fringe Benefits : \$0.00 c. Total Personnel Costs : \$0.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$12,494.00 g. Travel : \$11,651.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$127,246.00 j. Consortium/Contractual Costs : \$1,397,285.00 k. Trainee Related Expenses : \$0.00 l. Trainee Stipends : \$0.00 m. Trainee Tuition and Fees : \$0.00 n. Trainee Travel : \$0.00 o. TOTAL DIRECT COSTS : \$1,548,676.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$1,548,676.00 i. Less Non-Federal Share: \$289,362.00 ii. Federal Share: \$1,259,314.00				a. Authorized Financial Assistance This Period <b>\$1,259,314.00</b> b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$1,217,299.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$42,015.00</b>							
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th style="width: 70%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">16</td> <td style="text-align: right;">\$1,280,888.00</td> </tr> <tr> <td style="text-align: center;">17</td> <td style="text-align: right;">\$1,280,888.00</td> </tr> </tbody> </table>						YEAR	TOTAL COSTS	16	\$1,280,888.00	17	\$1,280,888.00
YEAR	TOTAL COSTS										
16	\$1,280,888.00										
17	\$1,280,888.00										
14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)											
a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION <b>\$0.00</b>											
15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other <span style="float: right;">[D]</span> Estimated Program Income: \$289,362.00											
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is</small>											

acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

**REMARKS:** (Other Terms and Conditions Attached [ ☒ ]Yes [ ☐ ]No)*Electronically signed by Elvera Messina , Grants Management Officer on : 09/12/2016***17. OBJ. CLASS:** 41.51 **18. CRS-EIN:** 1026000517A4 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 398879F	93.527	16H80CS00002	\$42,015.00	\$0.00	HCH	HealthCareCenters_16

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

### Grant Specific Condition(s)

#### 1. Due Date: Within 30 Days of Award Release Date

Submit a revised SF 424A, Line Item Budget, and Budget Narrative Justification for the Federal award amount noted on line 12e., Amount of Financial Assistance This Action on this Notice of Award (NoA). The Federal amount refers to only the Federal section 330 Health Center Program grant funding for this award, not all Federal grant funding that an applicant receives. Also include the budget breakdown for non-Federal resources. (Refer to budget requirements in the Supplemental Funding Opportunity Announcement or Supplemental Funding Opportunity Instructions for budget format.)

The budget justification must detail the costs of each line item within each object class category. For the Personnel line item, you must include the following for each employee supported by funds from this award: name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and % of fringe benefits) to be paid for the budget year. This personnel information requirement also applies to subawards/subcontracts supported by Federal funds from this grant.

Federal grant funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale (currently \$185,100).

This amount reflects an individual's base salary exclusive of fringe benefits and income that an individual may be permitted to earn outside of the duties to the applicant organization (i.e., rate limitation only limits the amount that may be awarded and charged to HRSA grants.)

Please contact your Grants Management Specialist for specific submission instructions.

*Failure to submit the Federal Budget within 30 days will result in denial of access to funds in the PMS account related to this Grant.*

### Grant Specific Term(s)

1. Health centers may re-budget Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding without prior approval as long as the proposed use of DSHII funding aligns with the intent of the DSHII supplemental funding opportunity (HRSA-16-191) and complies with requirements in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards at: <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. Note that health centers must implement allowable health information technology enhancements by the end of the 12-month funding period, even if the proposed activities change post award and/or if implementation delays arise.
2. Your organization will be required to report your progress on and the impact of the health information technology enhancements supported by the one-time DSHII award in future Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) submissions.
3. This award provides one-time supplemental funding for Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding activities for the period September 1, 2016 through August 31, 2017. As such, a portion of these funds are being provided for use in the health center's upcoming FY 2017 budget period. In order to use this funding in the upcoming budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF 425. In addition, a Prior Approval Request to carry over these funds must be submitted through EHB immediately following the FFR submission. Consult the Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds. Ongoing funding will not be available to support activities initiated under this award after the 12-month funding period.
4. Health centers may not use Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding to supplant existing resources (federal, state, local, or private). In addition, these funds may not be used on: costs incurred prior to award, patient care costs, direct hire personnel costs (i.e., salary and fringe benefits), purchase or upgrade of an EHR that is not certified by the Office of the National Coordinator for Health Information Technology (ONC), construction (including minor alterations and renovation), fixed/installed equipment, costs associated with the installation of equipment purchased with one-time DSHII funding, or facility, land, or vehicle purchases.

5. This award provides Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding to support health centers to make strategic investments in health information technology enhancements. DSHII supplemental funding may only be used to support activities implemented at sites that are in the Health Center Program scope of project.

All prior terms and conditions remain in effect unless specifically removed.

## Contacts

### NoA Email Address(es):

Name	Role	Email
Marianne J Savarese	Authorizing Official, Authorizing Official	msavarese@cmc-nh.org
Gabriela M Walder	Business Official	gwalder@manchesternh.gov
Timothy M Soucy	Program Director	tsoucy@manchesternh.gov
Marianne Savarese	Point of Contact	msavarese@cmc-nh.org

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Israel Garcia at:  
MailStop Code: 17N-34C  
ONASP/BPHC/HRSA/DHHS  
5600 Fishers Ln  
RM 17N-34C  
Rockville, MD, 20857-1750  
Email: IGarcia@hrsa.gov  
Phone: (301) 443-8893

### Division of Grants Management Operations:


For assistance on grant administration issues, please contact Vincent Mani at:  
MailStop Code: 10SWH03  
HRSA/OFAM/DGMO/HCB  
5600 Fishers Lane  
Rockville, MD, 20857-  
Email: vmani@hrsa.gov  
Phone: (301) 945-0900

Daniel A. Goonan  
Chief of Department



Richard P. McGahey  
Assistant Chief

**City of Manchester**  
*Fire Department*

TO: Alderman Shea, CIP Committee Chair  
FROM: Chief Daniel A. Goonan   
Date: 9/21/2016  
RE: MFD -- CIP #411416 - Project extension

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Please accept this request to extend CIP Project# 411416 from June 30, 2016 to August 31, 2018.

### CIP BUDGET AUTHORIZATION

CIP#: 411416	Project Year: 2016	CIP Resolution: 6/10/2015
Title: 2015 Homeland Security Hazmat Program	Amending Resolution: 12/1/2015	
Administering Department: Fire Department	Revision: #1	

Project Description: To fund the purchase of Level-A entry suits, chemical detection equipment, a patient evacuation system, and annual Tier II maintenance.

<b>Federal Grants</b>	Federal Grant: No	<b>Environmental</b>	Review Required: No
	Grant Executed:		Completed:

#### Critical Events

1. Project Initiation	12/1/2015
2. Project Completion	8/31/2018
3.	
4.	
5.	
	8/31/2018

#### Line Item Budget

	STATE			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$30,500.00	\$0.00	\$0.00	\$30,500.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$30,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$30,500.00</b>

Revisions: #1 - Extends project completion date to 8/31/18.

Comments: State funds to be received from NH Department of Safety.



# CITY OF MANCHESTER

## PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management  
Building Regulations  
Community Improvement Program  
Zoning Board of Adjustment


Leon L. LaFreniere, AICP  
Director

Pamela H. Goucher, AICP  
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.  
Deputy Director - Building Regulations

### MEMORANDUM

To: Alderman Bill Shea,  
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP   
Director, Planning and Community Development

Date: September 26, 2016

Re: Families In Transition – CIP #611417 – 267 Wilson Street – 3<sup>rd</sup> Floor Phase II  
Recovery Housing

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Families In Transition (FIT) has contacted this office requesting \$531,252 of HOME funds for the development of 8 units of transitional recovery congregate housing for single women at 267 Wilson Street (third floor).

The total development budget for this project is estimated to be \$1,449,899 and will consist of \$400,000 of City HOME funds, \$131,252 of City Affordable Housing Trust funds, \$750,000 of New Hampshire Housing Finance Authority funds and \$168,647 of FIT private debt.

As proposed, the City's loan would have a 0% interest rate and be repaid over a thirty year term with an annual payment that is the greater of \$5,000 or twenty-five percent of surplus cash flow. Any principal amount remaining unpaid shall be due at the end of the thirty year term.

This utilization of HOME and Affordable Housing Trust funds for this project is an appropriate use in accordance with Federal requirements and the goals of the City's 2015-2019 Consolidated Plan.

FIT is requesting that this project be funded with unprogrammed HOME and Affordable Housing Trust funds. FIT respectfully requests your review of their proposal and for a favorable recommendation of approval to the full Board.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary to appropriate funding for the project.

### CIP BUDGET AUTHORIZATION

CIP#: <input type="text" value="611417"/>	Project Year: <input type="text" value="2016"/>	CIP Resolution: <input type="text" value="5/17/2016"/>
Title: <input type="text" value="267 Wilson Street - 3rd Floor Phase II Recovery Housing"/>	Amending Resolution: <input type="text" value="10/18/2016"/>	
Administering Department <input type="text" value="Families In Transition"/>	Revision: <input type="text"/>	

Project Description:

<b>Federal Grants</b>	Federal Grant: <input type="text" value="Yes"/>	<b>Environmental</b>	Review Required: <input type="text" value="Yes"/>
	Grant Executed: <input type="text"/>		Completed: <input type="text" value="Yes"/>

#### Critical Events

1.	<input type="text" value="Program Initiation"/>	<input type="text" value="10/18/2016"/>
2.	<input type="text" value="Program Completion"/>	<input type="text" value="12/31/2017"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text" value="12/31/2017"/>

#### Line Item Budget

	HOME	OTHER		TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$400,000.00	\$131,252.00	\$0.00	\$531,252.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$400,000.00</b>	<b>\$131,252.00</b>	<b>\$0.00</b>	<b>\$531,252.00</b>

Revisions:

Comments:

# City of Manchester New Hampshire

*In the year Two Thousand and Sixteen*

## A RESOLUTION

“Amending the FY 2017 Community Improvement Programs, transferring, authorizing and appropriating funds in the amount of Five Hundred Thirty One Thousand Two Hundred Fifty Two Dollars (\$531,252) for the FY 2017 CIP 611417 267 Wilson Street - Phase II 3<sup>rd</sup> Floor Recovery Housing Project.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIPs as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to utilize unprogrammed HOME funds;

WHEREAS, the Board of Mayor and Aldermen wishes to utilize other funds from the Affordable Housing Trust fund;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

**By adding:**

FY 2017 CIP 611417 267 Wilson Street - Phase II 3<sup>rd</sup> Floor Recovery Housing Project - \$400,000 HOME, \$131,252 Other.

Resolved, that this Resolution shall take effect upon its passage.



# Families in Transition

*Providing a Home. Building Hope.*

Todd D. Fleming  
CIP Coordinator  
Planning and Community Development  
Community Improvement Program Division  
City of Manchester  
One City Hall Plaza  
Manchester, NH 03101

September 20, 2016

Re: HOME Fund Request  
267 Wilson Street – Phase II Recovery Housing 3<sup>rd</sup> Floor

Dear Todd,

The State of New Hampshire has allocated \$2M to the Affordable Housing Fund specifically for the development of Affordable Supportive Recovery Housing to assist in combating the opioid epidemic. As a result, New Hampshire Housing announced funding for this purpose and Families in Transition is in the process of completing the Request for Proposal for additional Recovery Housing in Manchester. In order to be successful in the completion of this project Families in Transition needs to have all necessary resources allocated to the project. Families in Transition will seek the approval of 8 Single Room Occupancy Units to be located on the 3<sup>rd</sup> Floor of 267 Wilson Street and will also seek an allocation of the City of Manchester HOME Funds which will leverage \$750,000 from New Hampshire Housing. Selected project need to demonstrate site control, be shovel ready and have the necessary city approvals to submit our proposal by October 12, 2016.

Families in Transition will provide 8 Single Room Occupancy units, common space for residents and 24/7 staff oversight for 12 single women at a time. Of the 8 units, 4 units will house one woman who will be further along in her recovery and will act as a peer support. The remaining 4 units will each house 2 women who are in the early phase of sobriety. The mission of Recovery Housing is to provide single women with substance use disorders with a safe and substance free community. Programming will include 24/7 staff monitoring, sobriety testing, case management, peer recovery supports and participation in the Family Willows Intensive Out-Patient Treatment Program (offered on the 2<sup>nd</sup> Floor).

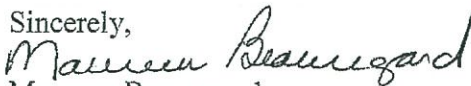
Of the 8 Single Room Occupancy units, 4 will be designated as City of Manchester HOME Fund units. Families in Transition is requesting the following:

\$132,813 HOME Fund Unit Subsidy Limit  
4 Units of City of Manchester HOME Funds  
Total Request: \$531,252

We at Families in Transition appreciate the support that the City of Manchester has already granted for the development of the 2<sup>nd</sup> floor of Recovery Housing. Due to the need and the timing and of the New Hampshire Housing RFP, we are asking you once again for support. Please do not hesitate to call me at (603)231-7211 to answer any questions.

Thank you for your consideration of our request.

Sincerely,



Maureen Beauregard  
President & Founder

*Kevin A. Sheppard, P.E.*  
*Public Works Director*

*Timothy J. Clougherty*  
*Deputy Public Works Director*



*Commission*  
*Hal Sullivan*  
*Rick Rothwell*  
*Bill Skouteris*  
*Toni Pappas*  
*Patrick Robinson*

**CITY OF MANCHESTER**  
*Department of Public Works*

August 26, 2016

CIP Committee  
One City Hall Plaza  
Manchester, NH 03101  
c/o Alderman William Shea, Chairman

Dear Alderman Shea:

CIP Project 711116 was started up in FY16 in order to facilitate repairs to the Central Fire Station overhead doors. This project has been successfully completed and there remains a balance of \$7,385.

There are several projects in the planning stages remaining at this facility which must be addressed. These include but are not limited to: roof replacement, heating system repairs, hazardous material abatement (associated with projects), and other building envelope repairs.

At this point we recommend revising the startup to include various repairs to the Central Fire Station and authorizing expenditure of the \$7,385 balance for this purpose.

Thank you, in advance, for consideration of this request. We will be available at the next committee meeting should any questions arise.

Sincerely,

Timothy J. Clougherty  
Deputy Director of Public Works

CC: Kevin A. Sheppard  
Kevin O'Maley  
Chief Goonan  
Chief McGahey  
Lisa Sorenson

### CIP BUDGET AUTHORIZATION

CIP#: 711116	Project Year: 2016	CIP Resolution: 6/9/2015
Title: Central Fire Station Overhead Door Hardware Replacement & Other		Amending Resolution:
Administering Department: Public Works-Facilities	Revision: #1	

Project Description:	This project is intended but not limited to repair and/or replacement of overhead garage doors and associated motors, tracks, etc at the Central Fire Station. In addition miscellaneous projects including: roof replacement, heating system repairs, hazardous material abatement, and other building envelope repairs may be undertaken.
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<b>Federal Grants</b>	Federal Grant: No	<b>Environmental</b>	Review Required: No
	Grant Executed:		Completed:

Critical Events	
1. Project Initiation	7/1/2015
2. Project Completion	6/30/2025
3.	
4.	
5.	
	6/30/2025

Line Item Budget	BOND			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$59,000.00	\$0.00	\$0.00	\$59,000.00
<b>TOTAL</b>	<b>\$59,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$59,000.00</b>

<b>Revisions:</b>	#1 - Amends project title and description to include miscellaneous projects.

<b>Comments:</b>	
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